

Code on Multiple Exclusion lists									
Effective	Termed	CODE TYPE	CODE	CODE DESCRIPTION	EXCLUSION/LIMITATION CATEGORY	ACTION	EXCLUSION DETAILS	Age requirements	
01/01/2016		CPT	58750	Release Of Blocked Uterine Tube	Experimental & Investigational	Excluded	Standard Exclusion	None	
		CPT	97169	Athletic Training Evaluation, Low Complexity, Requiring These Components: -A History And Physical Activity Profile With No Comorbidities That Affect Physical Activity; An Examination Of Affected Body Area And Other Symptomatic Or Related Systems Addressing 1-2 Elements From Any Of The Fol	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		CPT	97170	Athletic Training Evaluation, Moderate Complexity, Requiring These Components: - A Medical History And Physical Activity Profile With 1-2 Comorbidities That Affect Physical Activity; -An Examination Of Affected Body Area And Other Symptomatic Or Related Systems Addressing A Total Of 3 Or Mo	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		CPT	97171	Athletic Training Evaluation, High Complexity, Requiring These Components: -A Medical History And Physical Activity Profile, With 3 Or More Comorbidities That Affect Physical Activity; - A Comprehensive Examination Of Body Systems Using Standardized Tests And Measures Addressing A Total Of	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		CPT	97172	Re-Evaluation Of Athletic Training Established Plan Of Care Requiring These Components: -An Assessment Of Patient'S Current Functional Status When There Is A Documented Change; And -A Revised Plan Of Care Using A Standardized Patient Assessment Instrument And/Or Measurable	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		CPT	99027	Hospital Mandated On Call Service; Out-Of-Hospital	Experimental & Investigational	Excluded	Standard Exclusion	None	
01/01/2016		CPT	99070	Supplies&Materials Above/Beyond Prov By Phys/Qhp	Experimental & Investigational	Excluded	Standard Exclusion	None	
01/01/2016		HCPC	A4553	Non-Disposable Underpads, All Sizes	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		HCPC	E0270	Hospital Bed, Institutional Type Includes: Oscilla	Personal Care	Excluded	Standard Exclusion	None	
01/01/2016		HCPC	L2861	Add Low Ext Joint Knee/Ank Cstm Fab Only	Appliances & Prosthetics	Excluded	Standard Exclusion	None	
01/01/2016	12/31/2023	CPT	54125	Amputation, Penis; Complete	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None	
01/01/2016		HCPC	L8692	Auditory Osseointegrated Dev Ext Sound Body Worn	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None	
01/01/2016		HCPC	J0585		Hyperhidrosis (Excessive Sweating)	Hyperhidrosis DX List	Excluded with specific DX codes (see column H)	None	
01/01/2016		HCPC	S4042	Botulinum Toxin Type A, Per Unit Management Of Ovulation Induction (Interpretation	Infertility	Excluded	Standard Exclusion	None	
01/01/2016		REV	0257	Non Prescription	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0374	Acupuncture	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	0660	Respite Care - General Classification	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0661	Respite Care - Hourly Charge/Nursing	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0662	Respite Care - Hourly Charge/Aide/Homemaker/Compan	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0663	Respite Care - Daily Respite Charge	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0669	Respite - Other Respite Care	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0670	Op Spec Res - General Classification	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0671	Op Spec Res - Hospital Based	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0672	Op Spec Res - Contracted	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0679	Op Spec Res - Other Special Residence Charges	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0984	Pro Fees - Medical Social Services	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	0993	Telephone/Telegraph	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	1003	Supervised Living	Behavioral Health	Excluded	Standard Exclusion	None	
01/01/2017		REV	1004	Halfway House	Behavioral Health	Excluded	Standard Exclusion	None	
01/01/2017		REV	1005	Group Home	Behavioral Health	Excluded	Standard Exclusion	None	
01/01/2017		REV	2100	Alt Therapy - General Classification	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	2101	Acupuncture	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	2102	Acupressure	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	2103	Massage	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	2104	Reflexology	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017	12/31/2018	REV	2105	Biofeedback	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		CPT	59840	Induced Abortion, Dilation And Curettage	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		REV	2106	Hypnosis	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	2109	Other Alternative Therapy Services	Alternative Treatment	Excluded	Standard Exclusion	None	
01/01/2017		REV	3101	Adult Day Care - Medical/Social - Hourly	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	3102	Adult Day Care - Social - Hourly	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	3103	Adult Day Care - Medical/Social - Daily	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	3104	Adult Day Care - Social - Daily	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	3105	Adult Foster Care - Daily	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		REV	3109	Other Adult Care	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		CPT	10040	Acne Surgery	Miscellaneous	Excluded	Standard Exclusion	None	
01/01/2017		CPT	59841	Induced Abortion, Dilation And Evacuation	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59850	Induced Abortion, Intra-Amniotic Injections W/Hosp	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59851	Induced Abortion, Intra-Amniotic Injections W/Hosp	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59852	Induced Abortion, Intra-Amniotic Injections W/Hosp	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59855	Induced Abortion, Vaginal Suppositories W/Hospital	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59856	Induced Abortion, Vaginal Suppositories W/Hospital	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59857	Induced Abortion, Vaginal Suppositories W/Hospital	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	59866	Multifetal Pregnancy Reduction(S)	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017		CPT	15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts	Physical Appearance	Excluded	Standard Exclusion	None	
01/01/2017		CPT	15776	Punch Graft, Hair Transplant; Over 15 Punch Grafts	Physical Appearance	Excluded	Standard Exclusion	None	
01/01/2017		CPT	59870	Uterine Evacuation And Curettage, Hydatidiform Mo	Abortion	Abortion Limitation	Excluded unless submitted with allowed diagnosis code(s) (click on Link in Column H)	None	
01/01/2017	See column K	CPT	92002	Ophthalmological Medical Exam And Eval; Intermedia	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999	
01/01/2017	See column K	CPT	92004	Ophthalmological Medical Exam And Eval; Comprehens	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999	
01/01/2017	See column K	CPT	92012	Ophthalmological Medical Exam And Eval; Intermedia	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999	

01/01/2017	See column K	CPT	92014	Ophthalmological Medical Exam And Eval; Comprehens	N	Adult Vision Exam		Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92015	Determination, Refractive State	N	Adult Vision Exam	Adult Vision Exam DX list	Age range (see column H, J)	
01/01/2017		CPT	92018	Ophthalmological Exam And Eval, W/Anesthesia, W/Wo	N	Adult Vision Exam	Adult Vision Exam DX list	Standard Exclusion	
01/01/2017								Excluded with specific DX codes, None	
01/01/2017		CPT	92019	Ophthalmological Exam And Eval, W/Anesthesia, W/Wo	N	Adult Vision Exam	Adult Vision Exam DX list	Age range (see column H, J)	
01/01/2017								Excluded with specific DX codes, None	
01/01/2017		CPT	15810	Salabrasion; 20 Sq Cm/Less	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	15811	Salabrasion; Over 20 Sq Cm	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	15819	Cervicoplasty	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	15824	Rhytidectomy; Forehead	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysm	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	15826	Rhytidectomy; Glabellar Frown Lines	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	15828	Rhytidectomy; Cheek, Chin, And Neck	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	15829	Rhytidectomy; Superficial Musculoaponeurotic Syste	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15831	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15832	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15833	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15834	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15835	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15836	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15837	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	15838	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	CPT	15839	Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	15876	Suction Assisted Lipectomy; Head And Neck	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	92310	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	15879	Suction Assisted Lipectomy; Lower Extremity	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	92311	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92312	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92313	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92314	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92315	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	17340	Cryotherapy (Co2 Slush, Liquid N2) For Acne	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	17360	Chemical Exfoliation, Acne	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	17380	Electrolysis Epilation, Each One Half Hour	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	92316	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017	5/31/2025	CPT	19300	Removal Of Breast Tissue	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		CPT	92317	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92325	Modification, Contact Lens (Sep Proc), W/Medical S	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92340	Fitting, Spectacles, Except Aphakia; Monofocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92341	Fitting, Spectacles, Except Aphakia; Bifocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92342	Fitting, Spectacles, Except Aphakia; Multifocal, O	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92352	Fitting, Spectacle Prosthesis, Aphakia; Monofocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92353	Fitting, Spectacle Prosthesis, Aphakia; Multifocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92354	Fitting, Spectacle Mounted Low Vision Aid; Single	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92355	Fitting, Spectacle Mounted Low Vision Aid; Telesco	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92358	Prosthesis Service, Aphakia, Temporary (Disposable	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92390	Supply, Spectacles, Except Prosthesis, Aphakia And	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92391	Supply, Contact Lenses, Except Prosthesis, Aphakia	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92392	Supply, Low Vision Aids	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92393	Supply, Ocular Prosthesis (Artificial Eye)	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92395	Supply, Permanent Prosthesis, Aphakia; Spectacles	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		CPT	92396	Supply, Permanent Prosthesis, Aphakia; Contact Len	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	S0500	Disposable Contact Lens, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	S0512	Daily Wear Specialty Contact Lens, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	s0620	Routine Ophthalmological Examination Including Ref	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, None	
01/01/2017		HCPC	s0621	Routine Ophthalmological Examination Including Ref	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, None	
01/01/2017		HCPC	V2020	Frames, Purchases	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	V2100	Sphere, Single Vision, Plano To Plus Or Minus 4.00	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	V2101	Sphere, Single Vision, Plus Or Minus 4.12 To Plus	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017		HCPC	V2102	Sphere, Single Vision, Plus Or Minus 7.12 To Plus	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999	
01/01/2017							Adult Vision Exam DX list	Age range (see column H, J)	

[illegible]

01/01/2017	HCPC	V2307	Sphero cylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
	HCPC	V2308	Sphero cylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2309	Sphero cylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2310	Sphero cylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2311	Sphero cylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2312	Sphero cylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2313	Sphero cylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2314	Sphero cylinder, Trifocal, Sphere Over Plus Or Minu	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2315	Lenticular, (Myodisc), Per Lens, Trifocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2318	Aniseikonic Lens, Trifocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2319	Trifocal Seg Width Over 28 Mm	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2320	Trifocal Add Over 3.25D	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2321	Lenticular Lens, Per Lens, Trifocal	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2410	Variable Asphericity Lens, Single Vision, Full Fie	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2430	Variable Asphericity Lens, Bifocal, Full Field, Gl	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2500	Contact Lens, Pmma, Spherical, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2501	Contact Lens, Pmma, Toric Or Prism Ballast, Per Le	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2502	Contact Lens Pmma, Bifocal, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2503	Contact Lens, Pmma, Color Vision Deficiency, Per L	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2510	Contact Lens, Gas Permeable, Spherical, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2511	Contact Lens, Gas Permeable, Toric, Prism Ballast,	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2512	Contact Lens, Gas Permeable, Bifocal, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2513	Contact Lens, Gas Permeable, Extended Wear, Per Le	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2520	Contact Lens, Hydrophilic, Spherical, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2521	Contact Lens, Hydrophilic, Toric, Or Prism Ballast	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2522	Contact Lens, Hydrophillic, Bifocal, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2523	Contact Lens, Hydrophilic, Extended Wear, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2530	Contact Lens, Scleral, Gas Impermeable, Per Lens (	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2531	Contact Lens, Scleral, Gas Permeable, Per Lens (Fo	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2760	Scratch Resistant Coating, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2781	Progressive Lens, Per Lens	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2782	Lens, Index 1.54 To 1.65 Plastic Or 1.60 To 1.79 G	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2783	Lens, Index Greater Than Or Equal To 1.66 Plastic	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2787	Astigmatism Correcting Function Intraocular Lens	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	HCPC	V2788	Presbyopia Correcting Function Of Intraocular Lens	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, 19-999 Age range (see column H, J)
01/01/2017	CPT	92310	Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92311	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92312	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92313	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92314	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92315	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92316	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92317	Prescription/Fitting Contact Lens W/Medical Superv	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92325	Modification, Contact Lens (Sep Proc), W/Medical S	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92340	Fitting, Spectacles, Except Aphakia; Monofocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92341	Fitting, Spectacles, Except Aphakia; Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92342	Fitting, Spectacles, Except Aphakia; Multifocal, O	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92352	Fitting, Spectacle Prosthesis, Aphakia; Monofocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92353	Fitting, Spectacle Prosthesis, Aphakia; Multifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	92354	Fitting, Spectacle Mounted Low Vision Aid; Single	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)
01/01/2017	CPT	69090	Ear Piercing	N	Physical Appearance	Excluded	Standard Exclusion None
01/01/2017	CPT	69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	N	Physical Appearance	Excluded	Standard Exclusion None
01/01/2017	CPT	70300	Radiologic Exam, Teeth; Single View	N	Dental	Excluded	Standard Exclusion None
01/01/2017	CPT	70310	Radiologic Exam, Teeth; Partial Exam, Less Than Fu	N	Dental	Excluded	Standard Exclusion None
01/01/2017	CPT	70320	Radiologic Exam, Teeth; Complete, Full Mouth	N	Dental	Excluded	Standard Exclusion None
01/01/2017	CPT	70350	Cephalogram, Orthodontic	N	Dental	Excluded	Standard Exclusion None

01/01/2017	CPT	92355	Fitting, Spectacle Mounted Low Vision Aid; Telesco	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92358	Prosthesis Service, Aphakia, Temporary (Disposable)	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92390	Supply, Spectacles, Except Prosthesis, Aphakia And	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92391	Supply, Contact Lenses, Except Prosthesis, Aphakia	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92392	Supply, Low Vision Aids	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92393	Supply, Ocular Prosthesis (Artificial Eye)	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92395	Supply, Permanent Prosthesis, Aphakia; Soectacles	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	92396	Supply, Permanent Prosthesis, Aphakia; Contact Len	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	S0500	Disposable Contact Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	S0512	Daily Wear Specialty Contact Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2020	Frames, Purchases	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2025	Deluxe Frames	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2100	Sphere, Single Vision, Plano To Plus Or Minus 4.00	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2101	Sphere, Single Vision, Plus Or Minus 4.12 To Plus	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2102	Sphere, Single Vision, Plus Or Minus 7.12 To Plus	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2103	Spherocylinder, Single Vision, Plano To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2104	Spherocylinder, Single Vision, Plano To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2105	Spherocylinder, Single Vision, Plano To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2106	Spherocylinder, Single Vision, Plano To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2107	Spherocylinder, Single Vision, Plus Or Minus 4.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2108	Spherocylinder, Single Vision, Plus Or Minus 4.25D	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2109	Spherocylinder, Single Vision, Plus Or Minus 4.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2110	Spherocylinder, Single Vision, Plus Or Minus 4.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2111	Spherocylinder, Single Vision, Plus Or Minus 7.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2112	Spherocylinder, Single Vision, Plus Or Minus 7.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2113	Spherocylinder, Single Vision, Plus Or Minus 7.25	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2114	Spherocylinder, Single Vision, Sphere Over Plus Or	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2115	Lenticular, (Myodisc), Per Lens, Single Vision	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2116	Lenticular Lens, Nonaspheric, Per Lens, Single Vis	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2117	Lenticular, Aspheric, Per Lens, Single Vision	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2118	Aniseikonic Lens, Single Vision	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2121	Lenticular Lens, Per Lens, Single	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2199	Not Otherwise Classified, Single Vision Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	88000	Necropsy (Autopsy), Gross Exam Only; W/O Cns	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88005	Necropsy (Autopsy), Gross Exam Only; W/Brain	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88007	Necropsy (Autopsy), Gross Exam Only; W/Brain And S	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88012	Necropsy (Autopsy), Gross Exam Only; Infant W/Brail	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88014	Necropsy (Autopsy), Gross Exam Only; Stillborn/New	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88016	Necropsy (Autopsy), Gross Exam Only; Macerated Sti	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88020	Necropsy (Autopsy), Gross And Microscopic; W/O Cns	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88025	Necropsy (Autopsy), Gross And Microscopic; W/Brain	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88027	Necropsy (Autopsy), Gross And Microscopic; W/Brain	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88028	Necropsy (Autopsy), Gross And Microscopic; Infant	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88029	Necropsy (Autopsy), Gross And Microscopic; Stillbo	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88036	Necropsy (Autopsy), Limited, Gross And/Or Microsco	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88037	Necropsy (Autopsy), Limited, Gross And/Or Microsco	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88040	Necropsy (Autopsy); Forensic Exam	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	88045	Necropsy (Autopsy); Coroners Call	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V2200	Sphere, Bifocal, Plano To Plus Or Minus 4.00D, Per	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2201	Sphere, Bifocal, Plus Or Minus 4.12 To Plus Or Min	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2202	Sphere, Bifocal, Plus Or Minus 7.12 To Plus Or Min	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2203	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2204	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2205	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2206	Spherocylinder, Bifocal, Plano To Plus Or Minus 4.	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2207	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2208	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2209	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2210	Spherocylinder, Bifocal, Plus Or Minus 4.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2211	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2212	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2213	Spherocylinder, Bifocal, Plus Or Minus 7.25 To Plu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2214	Spherocylinder, Bifocal, Sphere Over Plus Or Minus	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2215	Lenticular (Myodisc), Per Lens, Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2216	Lenticular, Nonaspheric, Per Lens, Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2217	Lenticular, Aspheric Lens, Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2218	Aniseikonic, Per Lens, Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2219	Bifocal Seg Width Over 28Mm	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2220	Bifocal Add Over 3.25D	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2221	Lenticular Lens, Per Lens, Bifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2299	Specialty Bifocal (By Report)	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2300	Sphere, Trifocal, Plano To Plus Or Minus 4.00D, Pe	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2301	Sphere, Trifocal, Plus Or Minus 4.12 To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2302	Sphere, Trifocal, Plus Or Minus 7.12 To Plus Or Mi	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2303	Spherocylinder, Trifocal, Plano To Plus Or Minus	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999

01/01/2017	HCPC	V2304	SpheroCylinder, Trifocal, Plano To Plus Or Minus 4	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	HCPC	V2305	SpheroCylinder, Trifocal, Plano To Plus Or Minus 4	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017	CPT	90880	Hypnotherapy	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017	CPT	90882	Environmental Intervention, Medical Purposes, Psyc	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	CPT	90885	Psychiatric Eval, Records, Medical Diagnostic Purp	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	CPT	90887	Interpretation/Explanation Results, Psychiatric/Me	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	CPT	90889	Prep Report Pt Psych Status Agency/Payer	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	12/31/2018	CPT	Biofeedback Training, Any Modality	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017	12/31/2019	HCPC	V2306 SpheroCylinder, Trifocal, Plano To Plus Or Minus 4	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		CPT	90911 Biofeedback, Perineal Muscles/Anorectal/Urethral S	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2307 SpheroCylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2308 SpheroCylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2309 SpheroCylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2310 SpheroCylinder, Trifocal, Plus Or Minus 4.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2311 SpheroCylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2312 SpheroCylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2313 SpheroCylinder, Trifocal, Plus Or Minus 7.25 To Pl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2314 SpheroCylinder, Trifocal, Sphere Over Plus Or Minu	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2315 Lenticular, (Myodisc), Per Lens, Trifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2318 Aniseikonic Lens, Trifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2319 Trifocal Seg Width Over 28 Mm	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2320 Trifocal Add Over 3.25D	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2321 Lenticular Lens, Per Lens, Trifocal	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2399 Specialty Trifocal (By Report)	N	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2410 Variable Asphericity Lens, Single Vision, Full Fie	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2430 Variable Asphericity Lens, Bifocal, Full Field, Gl	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2499 Variable Sphericity Lens, Other Type	N	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2500 Contact Lens, Pmma, Spherical, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2501 Contact Lens, Pmma, Toric Or Prism Ballast, Per Le	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2502 Contact Lens Pmma, Bifocal, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2503 Contact Lens, Pmma, Color Vision Deficiency, Per L	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2510 Contact Lens, Gas Permeable, Spherical, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2511 Contact Lens, Gas Permeable, Toric, Prism Ballast,	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2512 Contact Lens, Gas Permeable, Bifocal, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2513 Contact Lens, Gas Permeable, Extended Wear, Per Le	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2520 Contact Lens, Hydrophilic, Spherical, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2521 Contact Lens, Hydrophilic, Toric, Or Prism Ballast	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2522 Contact Lens, Hydrophilic, Bifocal, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2523 Contact Lens, Hydrophilic, Extended Wear, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2530 Contact Lens, Scleral, Gas Impermeable, Per Lens (	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2531 Contact Lens, Scleral, Gas Permeable, Per Lens (Fo	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2599 Contact Lens, Other Type	N	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2600 Hand Held Low Vision Aids And Other Nonspectacle Mounted Aids	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2610 Single Lens Spectacle Mounted Low Vision Aids	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2615 Telescopic And Other Compound Lens System, Including Distance Vision Telescopic, Near Vision Telescopes And Compound Microscopic Lens System	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2700 Balance Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2702 Deluxe Lens Feature	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2710 Slab Off Prism, Glass Or Plastic, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2715 Prism, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2718 Press-On Lens, Fresnell Prism, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2730 Special Base Curve, Glass Or Plastic, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2744 Tint, Photochromatic, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2745 Addition To Lens; Tint, Any Color, Solid, Gradient Or Equal, Excludes Photochromatic, Any Lens Material, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2750 Anti-Reflective Coating, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2755 U-V Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2756 Eye Glass Case	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2760 Scratch Resistant Coating, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2761 Mirror Coating, Any Type, Solid, Gradient Or Equal, Any Lens Material, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2762 Polarization, Any Lens Material, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2770 Occluder Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2780 Oversize Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2781 Progressive Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2782 Lens, Index 1.54 To 1.65 Plastic Or 1.60 To 1.79 G	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2783 Lens, Index Greater Than Or Equal To 1.66 Plastic	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2784 Lens, Polycarbonate Or Equal, Any Index, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2786 Specialty Occupational Multifocal Lens, Per Lens	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2797 Vision Supply, Accessory And/Or Service Component Of Another Hcpcs Vision Code	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		HCPC	V2799 Vision Item Or Service, Miscellaneous	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
01/01/2017		CPT	96902 Microscopic Exam, Hair Plucked/Clipped, Examiner	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	97124 Therapeutic Proc, 1 Or More Areas, Each 15 Min; Ma	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017	12/31/2022	CPT	97537 Community/Work Reintegration Trainj Ea 15 Min	N	Types of Care	Excluded	Standard Exclusion	None
01/01/2017		CPT	97545 Work Hardening/Conditioning; Initial 2 Hours	N	Types of Care	Excluded	Standard Exclusion	None
01/01/2017		CPT	97546 Work Hardening/Conditioning; Addtl Hr	N	Types of Care	Excluded	Standard Exclusion	None

01/01/2017		CPT	97780	Acupuncture, <1 Needles; W/O Electrical Stimulation	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		CPT	97781	Acupuncture, <1 Needles; W/Electrical Stimulation	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		CPT	97810	Acupuncture, Without Electrical Stimulation, Initial	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		CPT	97811	Acupuncture, Without Electrical Stimulation, Each	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		CPT	97813	Acupuncture, With Electrical Stimulation, Initial	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		CPT	97814	Acupuncture, With Electrical Stimulation, Each Add	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0485	Oral Device/Appliance Prefab, Used To Reduce Upper	N	Appliances & Prosthetics	Appliance&Prosthetic Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	E0486	Oral Device/Appliance Custom Used To Reduce Upper	N	Appliances & Prosthetics	Appliance&Prosthetic Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	82306	Calcifediol (25-Oh Vitamin D-3)25 Hydroxy Includes Fractions If Performed	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	83519	Immunoassay, Analyte, Quantitative; Radiopharmaceu	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	90283	Immune Globulin (lgiv), Human, Iv Use	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	90284	Immune Globulin Human Subq Infusion 100 Mg Ea	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	96116	Neurobehavioral Status Exam; Per Hour Of Phys Or P	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	96118	Neuropsychological Testing; Per Hour Of Phys Or Ps	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	96119	Neuropsychological Testing; Per Hour Of Technician	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	96120	Neuropsychological Testing; Administered By A Comp	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	97533	Sensory Integrative Techniques Each 15 Minutes	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	99183	Phys/Qhp Attn&Supvj Hyprbaric Oxygen Tx /Session	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	99321	Rest Home Visit, New Pt 3 Key Components: Prob Foc	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	J1599	Inj Ig Iv Nonlyophilized E.G. Liquid Nos 500 Mg	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	0168T	Rhinophototx Light App Bilat	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	J2850	Injection, Secretin, Synthetic, Human 1 Microgram	N	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	0335T	Extra-Osseous Joint Implant Talotarsal Stabliz	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CPT	0336T	Lapsc Ablatj Uterine Fibroids W/ Intraop Us Gdnc	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CPT	0337T	Endothelial Function Assessment Non-Invasive	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9558	Home Injectable Therapy; Growth Hormone, Including	Y	Autism Spectrum Disorder	Autism DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	90867	Repet Tms Tx Initial W/Map/Motr Threshld/Del&Mng	N	Behavioral TMS (transcranial magnetic stimulation)	Behavioral TMS limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	90868	Therap Repetitive Tms Tx Subseq Delivery & Mngt	N	Behavioral TMS (transcranial magnetic stimulation)	Behavioral TMS limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	90869	Repet Tms Tx Subseq Motr Threshld W/Deliv & Mngt	N	Behavioral TMS (transcranial magnetic stimulation)	Behavioral TMS limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	4041F	Doc For Order For Cefazolin Or Cefuroxime	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	4044F	Documentation That An Order Was Given To Discontin	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	4046F	Documentation That Antibiotics Were Given	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	4047F	Documentation Of Order Given For Antibiotics	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		CPT	4049F	Documentation That An Order Was Given To Discontin	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0080	Noninterest Escort In Non Er	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0090	Interest Escort In Non Er	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0100	Nonemergency Transport Taxi	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0110	Nonemergency Transport Bus	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0120	Non Er Transport Mini-Bus	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0130	Non Er Transport Wheelchair Van	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0160	Non Er Transport Case Worker	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0170	Transport Parking Fees/Tolls	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0180	Non Er Transport Lodging Recipient	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0190	Non Er Transport Meals Recipient	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0200	Non Er Transport Lodging Escort	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0210	Non Er Transport Meals Escort	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A0888	Non Covered Ambulance Mileage	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4233	Replacement Battery, Alkaline - Other Than J Cell	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4234	Replacement Battery, Alkaline, J Cell, For Use W/it	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4280	Adhesive Skin Support Attachment For Use With Exte	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	A4281	Tubing For Breast Pump, Replacement	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	12/31/2023	HCPC	A4300	Implantable Access Catheter, (E,G., Venous, Arteri	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4301	Implantable Access Total Catheter, Port/Reservoir	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4305	Disposable Drug Delivery System, Flow Rate Of 50 M	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4310	Insertion Tray Without Drainage Bag And Without Ca	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4311	Insertion Tray Without Drainage Bag With Indwellin	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4312	Insertion Tray Without Drainage Bag With Indwellin	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4313	Insertion Tray Without Drainage Bag With Indwellin	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4314	Insertion Tray With Drainage Bag With Indwelling C	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4315	Insertion Tray With Drainage Bag With Indwelling C	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4316	Insertion Tray With Drainage Bag With Indwelling C	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4319	Sterile Water Irrigation Solution, 1000 ML	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4320	Irrigation Tray With Bulb Or Piston Syringe, Any P	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4321	Therapeutic Agent For Urinary Catheter Irrigation	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4322	Irrigation Syringe, Bulb Or Piston, Each	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	A4323	Sterile Saline Irrigation Solution, 1000 ML	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4324	Male External Catheter, With Adhesive Coating, Eac	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4325	Male External Catheter, With Adhesive Strip, Each	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4326	Male External Catheter Specialty Type With Integra	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017									

01/01/2017		HCPC	A4327	Female External Urinary Collection Device Meatal	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4328	Female External Urinary Collection Device Pouch,	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4329	External Catheter Starter Set, Male/Female, Includ	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4330	Perianal Fecal Collection Pouch With Adhesive, Eac	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4331	Extension Drainage Tubing, Any Type, Any Length, W	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4332	Lubricant, Individual Sterile Packet, Each	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4333	Urinary Catheter Anchoring Device, Adhesive Skin A	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4334	Urinary Catheter Anchoring Device, Leg Strap, Each	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4335	Incontinence Supply; Miscellaneous	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4336	Incontinence Supply Urethral Insert Any Type Ea	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4338	Indwelling Catheter; Foley Type, Two-Way Latex Wit	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4354	Insertion Tray With Drainage Bag But Without Cathe	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4355	Irrigation Tubing Set For Continuous Bladder Irrig	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	A4611	Battery, Heavy Duty; Replacement For Patient Owned	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	A4612	Battery Cables; Replacement For Patient-Owned Vent	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	A4613	Battery Charger; Replacement For Patient-Owned Ven	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4622	Tracheostomy Or Laryngectomy Tube	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4630	Replacement Batteries. Medically Necessary T.E.N.	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4631	Replacement, Batteries For Medically Necessary Ele	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4632	Replacement Battery For External Infusion Pumpo, An	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4634	Replacement Bulb For Therapeutic Light Box, Tablet	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4635	Underarm Pad, Crutch, Replacement, Each	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4636	Replacement, Handgrip, Cane, Crutch, Or Walker, Ea	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4637	Replacement, Tip, Cane, Crutch, Walker, Each.	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4638	Replacement Battery For Patient-Owned Ear Pulse Ge	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4639	Replacement Pad For Infrared Heating Pad System, E	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4640	Replacement Pad For Use With Medically Necessary	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4670	Automatic Blood Pressure Monitor	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A4880	Storage Tanks Utilized In Connection With Water Pu	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A5200	Percutaneous Catheter/Tube Anchoring Device, Adhes	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2025	Deluxe Frames	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2600	Hand Held Low Vision Aids And Other Nonspectacle Mounted Aids	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2610	Single Lens Spectacle Mounted Low Vision Aids	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2615	Telescopic And Other Compound Lens System, Including Distance Vision Telescopic, Near Vision Telescopes And	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2700	Compound Microscopic Lens System Balance Lens, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2702	Deluxe Lens Feature	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2710	Slab Off Prism, Glass Or Plastic, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	A7002	Tubing, Used With Suction Pump, Each	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A7009	Reservoir Bottle, Non-Disposable, Used With Large	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A7016	Dome And Mouthpiece, Used With Small Volume Ultras	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9180	Pediculosis (Lice Infestation) Treatment, Topical,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9190	Personal Comfort Item	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9270	Non-Covered Item Or Service	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9273	Hot Water Bottle Ice Cap Or Collar Any Type	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9280	Alert Or Alarm Device, Not Otherwise Classified	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9282	Wig, Any Type, Each	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2715	Prism, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	A9285	Inversion/Eversion Correction Device	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9286	Hygienic Item Or Device, Disposable On Non-Disposable, Any Type, Each	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9300	Exercise Equipment	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A9999	Miscellaneous Dme Supply Or Accessory, Not Otherwi	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2718	Press-On Lens, Fresnell Prism, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2730	Special Base Curve, Glass Or Plastic, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	C9228	Injection, Tigecycline, Pr 1 Mg	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	HCPC	C9800	Derm Inj Facel Lds Prvs Radiesse/Sculptra Filler	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D0120	Periodic Oral Evaluation	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2744	Tint, Photochromatic, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017	See column K	CDT	D0140	Limited Oral Evaluation - Problem Focused	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2745	Addition To Lens; Tint, Any Color, Solid, Gradient Or Equal, Excludes Photochromatic, Any Lens Material, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0145	Oral Evaluation, Pt < 3Yrs	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D0150	Comprehensive Oral Evaluation - New Or Established	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2750	Anti-Reflective Coating, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0160	Detailed And Extensive Oral Evaluation - Problem F	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2755	U-V Lens, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0170	Re-Evaluation-Limited, Problem Focused (Establishe	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0171	Re-Evaluation - Post-Operative Office Visit	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0180	Comprehensive Periodontal Evaluation - New Y Or Established Patient	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0190	Screening Of A Patient	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0191	Assessment Of A Patient	N	Dental	Excluded	Standard Exclusion	None

01/01/2017	See column K	CDT	D0210	Intraoral-Complete Series (Including Bitewings)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2756	Eye Glass Case	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0220	Intraoral-Periapical-First Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2761	Mirror Coating, Any Type, Solid, Gradient Or Equal, Any Lens Material, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0230	Intraoral-Periapical-Each Additional Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2762	Polarization, Any Lens Material, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0240	Intraoral-Occlusal Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2770	Occluder Lens, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0250	Extraoral-First Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2780	Oversize Lens, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		HCPC	V2786	Specialty Occupational Multifocal Lens, Per Lens	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0260	Extraoral-Each Additional Film	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2797	Vision Supply, Accessory And/Or Service Component Of Another Hcpcs Vision Code	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017		CDT	D0270	Bitewing-Single Film	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	V2799	Vision Item Or Service, Miscellaneous	Y	Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
01/01/2017	See column K	CDT	D0272	Bitewings-Two Films	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	L8615	Headset/Headpiece For Use With Cochlear Implant De	N	Cochlear Implant	<u>Cochlear Implant Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2017		CDT	D0273	Bitewings - Three Films	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	L8617	Transmitting Coil For Use With Cochlear Implant De	N	Cochlear Implant	<u>Cochlear Implant Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2017	See column K	CDT	D0274	Bitewings-Four Films	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	L8618	Transmitter Cable For Use With Cochlear Implant De	N	Cochlear Implant	<u>Cochlear Implant Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2017		CDT	D0277	Vertical Bitewings - 7 To 8 Films	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0290	Posterior-Anterior Or Lateral Skull And Facial Bon	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0310	Sialography	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CPT	97532	Development Of Cognitive Skills Each 15 Minutes	N	Cognitive Skills	<u>Cognitive Skills Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2017	CDT	D0320	Temporomandibular Joint Arthrogram, Including Injie	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0321	Other Temporomandibular Joint Films, By Report	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0322	Tomographic Survey	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D0330	Panoramic Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0340	Cephalometric Film	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0350	Oral/Facial Photographic Images	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0351	3D Photographic Image	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0360	Cone Beam Ct	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0362	Cone Beam, Two Dimensional	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0363	Cone Beam, Three Dimensional	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0364	Cone Beam Ct Cap&Intpr Ltd Fd View-<1 Whole Jaw	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0365	Cone Beam Ct Cap&Int Fd Vw 1 Full Dent Arch-Mand	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0366	Cone Bm Ct Cap&Int Fd View 1 Full Dent Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0367	Cone Beam Ct Capture & Interp Fd View Both Jaws	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0369	Maxillofacial Mri Capture And Interpretation	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0370	Maxillofacial Ultrasound Capture&Interpretation	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0371	Sialoendoscopy Capture And Interpretation	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0380	Cone Beam Ct Imag Cap W/Ltd Fd View-<1 Whole Jaw	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0381	Cone Bm Ct Imag Cap Fd Vw 1 Full Dent Arch-Mand	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0382	Cone Beam Ct Imag Cap Fd Vw 1 Full Dent Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0383	Cone Beam Ct Image Capture Field View Both Jaws	N	Dental	Excluded	Standard Exclusion	None
01/01/2019		CPT	21116	Injection Proc, Temporomandibular Joint Arthrograp	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D0385	Maxillofacial Mri Image Capture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0386	Maxillofacial Ultrasound Image Capture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0391	Intpr Dx Imag Practitner Not Assoc Cap Imag Rot	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0414	Lab Proc Mircob Spec Inc Culture & Sens Studies	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0415	Collection Of Microorganisms For Culture And Sensi	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0417	Clet & Prep Saliva Sample For Lab Dx Testing	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0418	Analysis Of Saliva Sample	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0421	Genetic Test For Susceptibility To Oral Diseases	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0422	Collection & Preparation Of Genetic Sample Matl	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0423	Genetic Test Susceptibility Diseases-Spec Analv	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0425	Caries Susceptibility Tests	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0431	Adjunctive Pre-Diagnostic Test That Aids In Detect	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0460	Pulp Vitality Tests	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0470	Diagnostic Casts	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0472	Accession Of Tissue, Gross Examination, Preparatio	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0473	Accession Of Tissue, Gross And Microscopic Examina	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0474	Accession Of Tissue, Gross And Microscopic Examina	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0475	Decalcification Procedure	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0476	Special Stains For Microorganisms	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0477	Special Stains, Not For Microorganisms	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0478	Immunohistochemical Stains	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0479	Tissue In-Situ Hybridization, Including Interpreta	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0480	Processing And Interpretation Of Exfoliative Cytol	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0481	Electron Microscopy - Diagnostic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0482	Direct Immunofluorescence	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0484	Consultation On Slides Prepared Elsewhere	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0485	Consultation, Including Preparation Of Slides From	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0486	Accession Transepithelial Cytolog Sampl Mic Exam	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0501	Histopathologic Examinations	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0502	Other Oral Pathology Procedures, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0600	Non-Ionizing Diagnostic Procedure Capable Of Quantifying, Monitoring, And Recording Changes In Structure Of Enamel, Dentin And Cementum	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0601	Caries Risk Assessment & Doc Finding Low Risk	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0602	Caries Risk Assessment & Doc Finding Mod Risk	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0603	Caries Risk Assessment & Doc Finding High Risk	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0999	Unspecified Diagnostic Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D1110	Prophylaxis-Adult	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D1120	Prophylaxis-Child	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1201	Topical Application Of Fluoride (Including Prophyl	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1203	Topical Application Of Fluoride (Prophylaxis Not I	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1204	Topical Application Of Fluoride (Prophylaxis Not I	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1205	Topical Application Of Fluoride (Including Prophyl	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D1206	Topical Fluoride Varnish	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D1208	Topical Application Of Fluoride	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1310	Nutritional Counseling For The Control Of Dental D	N	Dental	Excluded	Standard Exclusion	None

01/01/2017		CDT	D1320	Tobacco Counseling For The Control And Prevention	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1330	Oral Hygiene Instruction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	See column K	CDT	D1351	Sealant-Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1352	Prev Rsn Rest Mod High Caries Risk Pt-Perm Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1353	Sealant Repair - Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1354	Application Of Caries Arresting Medicament – Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1510	Space Maintainer-Fixed Unilateral	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1515	Space Maintainer-Fixed Bilateral	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1520	Space Maintainer-Removable Unilateral	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1525	Space Maintainer-Removable Bilateral	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1550	Recementation Of Space Maintainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1555	Remove Fix Space Maintainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1575	Distal Shoe Space Maintainer-Fixed-Unilateral	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D1999	Unspecified Preventive Procedure By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2110	Amalgam-One Surface, Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2120	Amalgam-Two Surfaces, Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2130	Amalgam-Three Surfaces, Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2131	Amalgam-Four Or More Surfaces, Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2140	Amalgam-One Surface, Primary Or Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2150	Amalgam-Two Surfaces, Primary Or Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2160	Amalgam-Three Surfaces, Primary Or Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2161	Amalgam-Four Or More Surfaces, Primary Or Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2330	Resin-One Surface, Anterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2331	Resin-Two Surfaces, Anterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2332	Resin-Three Surfaces, Anterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2335	Resin-Four Or More Surfaces Or Involving Incisal A	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2336	Composite Resin Crown-Anterior-Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2337	Resin-Based Composite Crown, Anterior-Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2380	Resin-One Surface, Posterior-Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2381	Resin-Two Surfaces, Posterior-Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2382	Resin-Three Or More Surfaces, Posterior-Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2385	Resin-One Surface, Posterior-Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2386	Resin-Two Surfaces, Posterior-Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2387	Resin-Three Or More Surfaces, Posterior-Permanent	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2388	Resin-Based Composite - Four Or More Surfaces, Pos	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2390	Resin-Based Composite Crown, Anterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2391	Resin-Based Composite - One Surface, Posterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2392	Resin-Based Composite - Two Surfaces, Posterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2393	Resin-Based Composite - Three Surfaces, Posterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2394	Resin-Based Composite - Four Or More Surfaces, Pos	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2410	Gold Foil-One Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2420	Gold Foil-Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2430	Gold Foil-Three Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2510	Inlay-Metallic-One Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2520	Inlay-Metallic-Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2530	Inlay-Metallic-Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2542	Onlay-Metallic-Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2543	Onlay - Metallic - Three Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2544	Onlay - Metallic - Four Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2610	Inlay-Porcelain/Ceramic-One Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2620	Inlay-Porcelain/Ceramic-Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2630	Inlay-Porcelain/Ceramic-Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2642	Onlay - Porcelain/Ceramic - Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2643	Onlay - Porcelain/Ceramic - Three Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2644	Onlay - Porcelain/Ceramic - Four Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2650	Inlay - Resin-Based Composite - One Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2651	Inlay - Resin-Based Composite - Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2652	Inlay - Resin-Based Composite - Three Or More Surf	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2662	Onlay - Resin-Based Composite - Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2663	Onlay - Resin-Based Composite - Three Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2664	Onlay - - Resin-Based Composite - Four Or More Sur	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2710	Crown - Resin-Based Composite (Indirect)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2712	Crown - 3/4 Resin-Based Composite (Indirect)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2720	Crown-Resin With High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2721	Crown-Resin With Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2722	Crown-Resin With Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2740	Crown-Porcelain/Ceramic Substrate	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2750	Crown-Porcelain Fused To High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2751	Crown-Porcelain Fused To Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2752	Crown-Porcelain Fused To Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2780	Crown - 3/4 Cast High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2781	Crown - 3/4 Cast Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2782	Crown - 3/4 Cast Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2783	Crown - 3/4 Porcelain/Ceramic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2790	Crown-Full Cast High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99241	Office Consultation New/Estab Patient 15 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D2791	Crown-Full Cast Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CPT	99242	Office Consultation New/Estab Patient 30 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	12/31/2022	CDT	D2792	Crown-Full Cast Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99243	Office Consultation New/Estab Patient 40 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D2794	Crown-Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2799	Provisional Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99244	Office Consultation New/Estab Patient 60 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D2910	Recement Inlay, Onlay Or Partial Coverage Restorat	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2915	Recement Cast Or Prefabricated Post And Core	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2920	Recement Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2920	Recement Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2921	Reattachment Tooth Fragment Incisal Edge/Cusp	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2930	Prefabricated Stainless Steel Crown-Primary Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2930	Prefabricated Stainless Steel Crown; Primary Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2931	Prefabricated Stainless Steel Crown-Permanent Toot	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2932	Prefabricated Resin Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2933	Prefabricated Stainless Steel Crown With Resin Vin	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2934	Prefabricated Esthetic Coated Stainless Steel Crow	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2940	Protective Restoration	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2941	Interim Therapeutic Restoration-Primary Dentitn	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2949	Restorative Foundation An Indirect Restoration	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2950	Core Build-Up, Including Any Pins	N	Dental	Excluded	Standard Exclusion	None

01/01/2017		CDT	D2951	Pin Retention-Per Tooth, In Addition To Restoratio	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2952	Cast Post And Core In Addition To Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2953	Each Additional Cast Post - Same Tooth	N	Dental	Excluded	Standard Exclusion	None
		CDT	D2954	Prefabricated Post And Core In Addition To Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2955	Post Removal (Not In Conjunction With Endodontic Th	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2957	Each Additional Prefabricated Post - Same Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2960	Labial Veneer Resin Laminate - Chairside	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2961	Labial Veneer (Resin Laminate)-Laboratory	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2962	Labial Veneer (Porcelain Laminate)-Laboratory	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2970	Temporary (Fractured Tooth)	N	Dental	Excluded	Standard Exclusion	None
		CDT	D2971	Additional Procedures To Customize Construct A New Crown To Fit Under An Existing Partial Denture Framework	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2975	Coping	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2980	Crown Repair, By Report	N	Dental	Excluded	Standard Exclusion	None
		CDT	D2981	Inlay Repair Necessitated Restorative Matl Fail	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2982	Onlay Repair Necessitated Restorative Matl Fail	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2983	Veneer Repair Necessitated Restorative Matl Fail	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2990	Resin Infiltration Incipient Smooth Surface Les	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D2999	Unspecified Restorative Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3110	Pulp Cap-Direct (Excluding Final Restoration)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3120	Pulp Cap-Indirect (Excluding Final Restoration)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3220	Therapeutic Pulpotomy (Excluding Final Restoration	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3221	Pulpal Debridement, Primary And Permanent Teeth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3222	Part Pulpotomy For Apexogenesis Perm Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Prim	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Pri	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3310	Anterior (Excluding Final Restoration)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3320	Bicuspid (Excluding Final Restoration)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3330	Endodontic Therapy, Molar Tooth (Excluding Final Restoration)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3331	Treatment Of Root Canal Obstruction; Non-Surgical	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3332	Incomplete Endodontic Therapy; Inoperable, Unresto	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3333	Internal Root Repair Of Perforation Defects	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3346	Retreatment Of Previous Root Canal Therapy- Anterio	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99245	Office Consultation New/Estab Patient 80 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3347	Retreatment Of Previous Root Canal Therapy- Bicuspi	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3348	Retreatment Of Previous Root Canal Therapy- Molar	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3351	Apexification/Recalcification-Initial Visit (Apica	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3352	Apexification/Recalcification-Interim Medication R	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3353	Apexification/Recalcification-Final Visit (Include	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3354	Pupal Regeneration; Not Incl Final Restoration	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3355	Pulpal Regeneration - Initial Visit	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3356	Pulpal Regeneration - Interim Medication Replace	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3357	Pulpal Regeneration - Completion Of Treatment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3410	Apicoectomy/Periradicular Surgery-Anterior	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3425	Apicoectomy/Periradicular Surgery-Molar (First Roo	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3426	Apicoectomy/Periradicular Surgery (Each Additional	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3427	Periradicular Surgery Without Apicoectomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3428	Bone Graft W/Periradicular Surg Per Tooth 1 Site	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3429	Bone Graft Periradiculr Surg Ea Add Contig Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3430	Retrograde Filling-Per Root	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3431	Biol Matl Soft Oss Tiss Regen Periradicular Surg	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3432	Guided Tiss Regen Resorb Barr Periradicular Surg	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D3450	Root Amputation-Per Root	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99251	Initl Inpatient Consult New/Estab Pt 20 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3460	Endodontic Endosseous Implant	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99252	Initl Inpatient Consult New/Estab Pt 40 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3470	Intentional Reimplantation W/Necessary Splinting	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99253	Initl Inpatient Consult New/Estab Pt 55 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	12/31/2022	CPT	99254	Initl Inpatient Consult New/Estab Pt 80 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	12/31/2022	CPT	99255	Initial Inpatient Consult New/Estab Pt 110 Min	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	12/31/2022	CPT	99281	Emergency Department Visit Limited/Minor Prob	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3910	Surgical Procedure For Isolation Of Tooth With Rub	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99282	Emergency Department Visit Low/Moder Severitv	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3920	Hemisection (Including Any Root Removal), Not Incl	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99283	Emergency Department Visit Moderate Severitv	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3950	Canal Preparation & Fitting Of Performed Dowel Or	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	12/31/2022	CPT	99284	Emergency Department Visit High/Urgent Severitv	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D3999	Unspecified Endodontic Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0120	Periodic Oral Evaluation – Established Patient	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0140	Limited Oral Evaluation - Problem Focused	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0150	Comprehensive Oral Evaluation-New Or Established P	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D4220	Gingival Curettage, Surgical, Per Quadrant, By N Rep	N	Dental	Excluded	Standard Exclusion	None
01/01/2019		CDT	D0160	Detailed And Extensive Oral Evaluation - Problem F	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0210	Intraoral - Complete Series Of Radiographic Images	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0220	Intraoral - Periapical First Radiographic Image	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0230	Intraoral - Periapical Each Additional Radiographic Image	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0240	Intraoral - Occlusal Radiographic Image	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D0250	Extraoral-First Film	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017		CDT	D4249	Clinical Crown Lengthening Hard Tissue	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D0251	Extra-Oral Posterior Dental Radiographic Image	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2019	CDT	D0260	Extraoral-Each Additional Film	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0270	Bitewing-Single Film	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0272	Bitewings-Two Films	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0273	Bitewings - Three Films	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4271	Free Soft Tissue Graft Procedure (Including Donor	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0274	Bitewings-Four Films	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4283	Autogenous Connective Tissue Graft Procedure	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4285	Non-Autogenous Connective Tissue Graft Procedure	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4320	Provisional Splinting-Intracoronar	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4321	Provisional Splinting-Extracoronar	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4341	Periodontal Scaling And Root Planing - Four Or Mor	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4342	Periodontal Scaling And Root Planing - One To Thre	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4346	Scaling Presence Gen Mod/Sev Gingival Inflamm	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4355	Full Mouth Debridement To Enable Comprehensive Eva	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4381	Localized Delivery Of Antimicrobial Agents Via A C	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4910	Periodontal Maintenance	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4920	Unscheduled Dressing Change (By Someone Other Than	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4921	Gingival Irrigation - Per Quadrant	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4999	Unspecified Periodontal Procedure, By Report N	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5110	Complete Denture - Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5120	Complete Denture - Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5130	Immediate Denture - Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5140	Immediate Denture - Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5211	Maxillary Partial Denture - Resin Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5212	Mandibular Partial Denture - Resin Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5213	Maxillary Partial Denture - Cast Metal Framework W	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5214	Mandibular Partial Denture - Cast Metal Framework	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5221	Immediate Maxillary Partial Denture - Resin Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5222	Immediate Mandibular Partial Denture-Resin Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5223	Immediate Maxillary Partial Denture-Cast Mett Fw	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5224	Immediate Mandibular Part Denture-Cast Mett Fw	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5225	Maxillary Partial Denture - Flexible Base (Includi	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5226	Mandibular Partial Denture - Flexible Base (Includ	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5281	Removable Unilateral Partial Denture-One Piece Cas	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5410	Adjust Complete Denture - Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5411	Adjust Complete Denture - Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5421	Adjust Partial Denture - Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5422	Adjust Partial Denture - Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5510	Repair Broken Complete Denture Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0277	Vertical Bitewings - 7 To 8 Films	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0290	Posterior-Anterior Or Lateral Skull And Facial Bon	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0310	Sialography	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5520	Replace Missing Or Broken Teeth-Complete Denture (	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0320	Temporomandibular Joint Arthrogram, Including Injection	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5610	Repair Resin Denture Base	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5620	Repair Cast Framework	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5630	Repair Or Replace Broken Clasp	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5640	Replace Broken Teeth-Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5650	Add Tooth To Existing Partial Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0321	Other Temporomandibular Joint Films, By Report	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5660	Add Clasp To Existing Partial Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5670	Replace All Teeth And Acrylic On Cast Metal Framew	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5671	Replace All Teeth And Acrylic On Cast Metal Framew	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5710	Rebase Complete Maxillary Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5711	Rebase Complete Mandibular Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5720	Rebase Maxillary Partial Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5721	Rebase Mandibular Partial Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5730	Reline Complete Maxillary Denture (Chairside)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5731	Reline Complete Mandibular Denture Chairside	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5740	Reline Maxillary Partial Denture (Chairside)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5741	Reline Mandibular Partial Denture (Chairside)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5750	Reline Complete Maxillary Denture (Laboratory)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5751	Reline Complete Mandibular Denture (Laboratory)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5760	Reline Maxillary Partial Denture (Laboratory)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5761	Reline Mandibular Partial Denture (Laboratory)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5810	Interim Complete Denture (Maxillary)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5811	Interim Complete Denture (Mandibular)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5820	Interim Partial Denture (Maxillary)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5821	Interim Partial Denture (Mandibular)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5850	Tissue Conditioning, Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5851	Tissue Conditioning, Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5860	Overdenture-Complete, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5861	Overdenture-Partial, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5862	Precision Attachment, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5863	Overdenture - Complete Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5864	Overdenture - Partial Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5865	Overdenture - Complete Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5866	Overdenture - Partial Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5867	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment, Per Attachment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5875	Modification Of Removable Prosthesis Following Imp	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5899	Unspecified Removable Prosthodontic Procedure, By	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5911	Facial Moulage (Sectional)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5912	Facial Moulage (Complete)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5913	Nasal Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5914	Auricular Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5915	Orbital Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5916	Ocular Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5919	Facial Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5922	Nasal Septal Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5923	Ocular Prosthesis, Interim	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5924	Cranial Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5925	Facial Augmentation Implant Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5926	Nasal Prosthesis, Replacement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5927	Auricular Prosthesis, Replacement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5928	Orbital Prosthesis, Replacement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5929	Facial Prosthesis, Replacement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5931	Obturator Prosthesis, Surgical	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5932	Obturator Prosthesis, Definitive	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5933	Obturator Prosthesis, Modification	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5934	Mandibular Resection Prosthesis With Guide Flange	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5935	Mandibular Resection Prosthesis Without Guide Flan	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0322	Tomographic Survey	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2017	CDT	D5936	Obturator/Prosthesis, Interim	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5937	Trismus Appliance Not For Trnd Treatment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5951	Feeding Aid	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5952	Speech Aid Prosthesis, Pediatric	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5953	Speech Aid Prosthesis, Adult	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5954	Palatal Augmentation Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5955	Palatal Lift Prosthesis, Definitive	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5958	Palatal Lift Prosthesis, Interim	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5959	Palatal Lift Prosthesis, Modification	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5960	Speech Aid Prosthesis, Modification	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5982	Surgical Stent	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0322	Tomographic Survey	Y	Dental		Allowed with specific DX codes	None
01/01/2017	CDT	D5983	Radiation Carrier	N	Dental	Dental Limitation	(see column H)	
01/01/2017	CDT	D5984	Radiation Shield	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5985	Radiation Cone Locator	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5986	Fluoride Gel Carrier	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5987	Commissure Splint	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0330	Panoramic Radiographic Image	Y	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D5988	Surgical Splint	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0340	Cephalometric Film	Y	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D5991	Topical Medicament Carrier	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5992	Adjust Maxillofacial Prosth Appliance By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5993	Maint Clean Maxillofacial Prosth Oth Thn Req	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5994	Periodontal Med Carr Periph Seal Lab	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5999	Unspecified Maxillofacial Prosthesis, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0350	2D Oral/Facial Photographic Image Obtained	Y	Dental		Allowed with specific DX codes	None
01/01/2019	CDT	D6020	Intra-Orally Or Extra-Orally Abutment Placement Or Substitution:	N	Dental	Dental Limitation	(see column H)	None
01/01/2017	CDT	D0351	Endosteal Imp 3D Photographic Image D0364 Cone Beam Ct	Y	Dental		Allowed with specific DX codes	None
01/01/2019	CDT	D0360	Capture And Interpretation With Limited Field Of View – Less Than One Whole Jaw Cone Beam Ct	Y	Dental	Dental Limitation	(see column H)	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D6051	Interim Implant Abutment Placement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6052	Semi-Precision Attachment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6053	Implant/Abutment Supported Removable Denture For C	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6054	Implant/Abutment Supported Removable Denture For P	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6055	Connecting Bar Implant Or Abutment Supported	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6056	Prefabricated Abutment - Includes Placement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6057	Custom Abutment - Includes Placement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6058	Abutment Supported Porcelain/Ceramic Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0362	Cone Beam, Two Dimensional	Y	Dental		Allowed with specific DX codes	None
01/01/2017	CDT	D6059	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Dental Limitation	(see column H)	None
01/01/2017	CDT	D6060	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6061	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6062	Abutment Supported Cast Metal Crown (High Noble Me	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6063	Abutment Supported Cast Metal Crown (Predominantly	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6064	Abutment Supported Cast Metal Crown (Noble Metal)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6065	Implant Supported Porcelain/Ceramic Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6066	Implant Supported Porcelain Fused To Metal Crown (	Y	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6067	Implant Supported Metal Crown (Titanium, Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0363	Cone Beam, Three Dimensional	Y	Dental		Allowed with specific DX codes	None
01/01/2019	CDT	D6068	Abutment Supported Retainer For Porcelain/Ceramic	N	Dental	Dental Limitation	(see column H)	None
01/01/2017	CDT	D6069	Abutment Supported Retainer For Porcelain Fused To	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6070	Abutment Supported Retainer For Porcelain Fused To	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6071	Abutment Supported Retainer For Porcelain Fused To	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6072	Abutment Supported Retainer For Cast Metal Fpd (H	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6073	Abutment Supported Retainer For Cast Metal Fpd (P	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6074	Abutment Supported Retainer For Cast Metal Fpd (N	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6075	Implant Supported Retainer For Ceramic Fpd	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6076	Implant Supported Retainer For Porcelain Fused To	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6077	Implant Supported Retainer For Cast Metal Fpd (Tit	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6078	Implant/Abutment Supported Fixed Denture For Comal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6079	Implant/Abutment Supported Fixed Denture For Parti	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6080	Implant Maintenance Procedures, Including: Removal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6081	Scaling And Debridement In The Prececnce Of Inflammation Or Mucositis Of A Single Implant. Including Cleanings	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0364	Cone Beam Ct Cap&Intepr Ltd Fd View-<1 Whole Jaw	Y	Dental		Allowed with specific DX codes	None
01/01/2019	CDT	D0365	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Mandible	Y	Dental	Dental Limitation	(see column H)	None
01/01/2019	CDT	D6085	Provisional Implant Crown	N	Dental	Dental Limitation	(see column H)	None
01/01/2017	CDT	D0366	Cone Bm Ct Cap&Int Fd View 1 Full Dent Arch N Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D6090	Repair Implantssupported Prosthesis By Report	N	Dental	Dental Limitation	(see column H)	None
01/01/2017	CDT	D6091	Replacement Of Replaceable Part Of Semi-Precision Or Precision Attachment Of Implant/Abutment Supported Prosthesis, Per Attachment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6092	Recent Supp Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0366	Cone Beam Ct Capture And Interpretation With Field Of View Of One Full Dental Arch – Maxilla. With Or Without Cranium	N	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D6093	Recent Supp Part Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6094	Abutment Supported Crown - (Titanium)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0367	Cone Beam Ct Capture & Interp Fd View Both Jaws	N	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D6095	Repair Implant Abutment, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D0368	Cone Beam Ct Cap&Intepr Trmj Series 2/> Exposures	N	Dental		Allowed with specific DX codes	None
01/01/2019	CDT	D0369	Maxillofacial Mri Capture And Interpretation	N	Dental	Dental Limitation	(see column H)	None
01/01/2019	CDT	D0370	Maxillofacial Ultrasound Capture And Interpretation	N	Dental	Dental Limitation	(see column H)	None
01/01/2019	CDT	D0371	Sialoendoscopy Capture And Interpretation	N	Dental	Dental Limitation	(see column H)	None
01/01/2019	CDT	D6100	Surgical Removal Of Implant Body	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6101	Debr Periimpl Dfct Cln Expsd Impl Flp Entry Clo	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6102	Debr&Oss Cntr Periimpl Dfct;Surf&Flap Entrv&Clos	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6103	Bn Gft Periimpl Dfct-No Flp/Br Mb/Biol Matl	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6104	Bone Graft At Time Of Implant Placement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6110	Impl/Abut Supp Remv Denture Edentulous Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6111	Impl/Abut Supp Remv Denture Edentulous Arch-Mnd	N	Dental	Excluded	Standard Exclusion	None

01/01/2017	CDT	D6112	Impl/Abut Supp Remv Denture Part Edent Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6113	Impl/Abut Supp Remv Denture Part Edent Arch-Mand	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6114	Impl/Abut Supp Fixed Denture Edentulous Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6115	Impl/Abut Supp Fixd Denture Edentulous Arch-Mand	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6116	Impl/Abut Supp Fixed Denture Part Edent Arch-Max	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6117	Impl/Abut Supp Fixd Denture Part Edent Arch-Mand	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0380	Cone Beam Ct Imag Cap W/Ltd Fd View-<1 Whole Jaw	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6190	Radiographic/Surgical Implant Index, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6194	Abutment Supported Retainer Crown For Fpd -N (Titan	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0381	Cone Bm Ct Imag Cap Fd Vw 1 Full Dent Arch-Mand	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0382	Cone Beam Ct Imag Cap Fd Vw 1 Full Dent Arch-Max	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6199	Unspecified Implant Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6205	Pontic - Indirect Resin Based Composite	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6210	Pontic-Cast High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6211	Pontic-Cast Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6212	Pontic-Cast Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6214	Pontic - Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6240	Pontic-Porcelain Fused To High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6241	Pontic-Porcelain Fused To Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6242	Pontic-Porcelain Fused To Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6245	Pontic - Porcelain/Ceramic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6250	Pontic-Resin With High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6251	Pontic-Resin With Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6252	Pontic-Resin With Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6253	Interim Pontic – Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Imoression	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6254	Interim Pontic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6519	Inlay/Onlay - Porcelain/Ceramic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6520	Inlay-Metallic-Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6530	Inlay-Metallic- Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6543	Onlay-Metallic - Three Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6544	Onlay-Metallic - Four Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6545	Retainer-Cast Metal For Resin Bonded Fixed Prosthe	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6548	Retainer - Porcelain/Ceramic For Resin Bonded Fixe	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6549	Resin Retainer-For Resin Bonded Fixed Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6600	Inlay-Porcelain/Ceramic, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6601	Inlay - Porcelain/Ceramic, Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6602	Inlay - Cast High Noble Metal, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6603	Inlay - Cast High Noble Metal, Three Or More Surfa	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6604	Inlay - Cast Predominantly Base Metal, Two Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6605	Inlay - Cast Predominantly Base Metal, Three Or Mo	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6606	Inlay - Cast Noble Metal, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6607	Inlay - Cast Noble Metal, Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6608	Onlay - Porcelain/Ceramic, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6609	Onlay - Porcelain/Ceramic, Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6610	Onlay - Cast High Noble Metal, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6611	Onlay - Cast High Noble Metal, Three Or More N Surfa	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6612	Onlay - Cast Predominantly Base Metal, Two Surface	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6613	Onlay - Cast Predominantly Base Metal, Three Or Mo	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6614	Onlay - Cast Noble Metal, Two Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6615	Onlay - Cast Noble Metal, Three Or More Surfaces	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6624	Inlay - Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6634	Onlay - Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6710	Crown - Indirect Resin Based Composite	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6720	Crown-Resin With High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6721	Crown-Resin With Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6722	Crown-Resin With Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6740	Crown - Porcelain/Ceramic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6750	Crown-Porcelain Fused To High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6751	Crown-Porcelain Fused To Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6752	Crown-Porcelain Fused To Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6780	Crown- 3/4 Cast High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0383	Cone Beam Ct Image Capture Field View Both Jaws	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6781	Crown - 3/4 Cast Predominantly Based Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0384	Cone Beam Ct Imag Cap Tmj Series 2/> Exposures	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6782	Crown - 3/4 Cast Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6783	Crown - 3/4 Porcelain/Ceramic	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6790	Crown-Full Cast High Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6791	Crown-Full Cast Predominantly Base Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6792	Crown-Full Cast Noble Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6793	Interim Retainer Crown – Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Imoression	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6794	Crown - Titanium	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6795	Interim Retainer Crown	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6920	Connector Bar	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6930	Recement Fixed Partial Denture	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6940	Stress Breaker	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6950	Precision Attachment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6970	Cast Post And Core In Addition To Bridge Retainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6971	Cast Post As Part Of Bridge Retainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6972	Prefab Post & Core Add Fix Part Denture Retainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6973	Core Build Up For Retainer, Including Any Pins	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6975	Coping-Metal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6976	Each Additional Cast Post - Same Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6977	Each Additional Prefabricated Post - Same Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6980	Fixed Partial Denture Repair By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6985	Pediatric Partial Denture, Fixed	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D6999	Unspecified Fixed Prosthodontic Procedure, Bv Repo	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7110	Single Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7111	Extraction, Coronal Remnants-Deciduous Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7120	Each Additional Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7130	Root Removal-Exposed Roots	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7140	Extraction, Erupted Tooth Or Exposed Root	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7210	Surg Removal Erupted Tooth Remove Bone Elev Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7220	Removal Of Impacted Tooth-Soft Tissue	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7251	Coronectomy-Intentional Partial Tooth Removal	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7260	Oral Antral Fistula Closure	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7261	Primary Closure Of A Sinus Perforation	N	Dental	Excluded	Standard Exclusion	None

	CDT	D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017								
01/01/2017	CDT	D7272	Tooth Transplantation	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7281	Surgical Exposure Of Impacted Or Unerrupted Tooth T	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7340	Vestibuloplasty-Ridge Extension (Second Epithelialization	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7350	Vestibuloplasty-Ridge Extension (Including Soft Tissue Grafts) Etc	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7420	Radical Excision-Lesion Diameter Greater Than 1.25	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7430	Excision Of Benign Tumor-Lesion Diameter Up To 1.2	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7431	Excision Of Benign Tumor-Lesion Diameter Greater T	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7480	Partial Osteotomy (Guttering Or Saucerization)	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7610	Maxilla-Open Reduction (Teeth Immobilized If Prese	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7620	Maxilla-Closed Reduction (Teeth Immobilized N If Pre	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7630	Mandible-Open Reduction (Teeth Immobilized If Pres	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7640	Mandible-Closed Reduction (Teeth Immobilized If Pr	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7650	Malar And/Or Zygomatic Arch-Open Reduction	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7660	Malar And/Or Zygomatic Arch-Closed Reduction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7670	Alveolus - Closed Reduction, May Include Stabiliza	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7671	Alveolus - Open Reduction, May Include Stabilizati	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7680	Facial Bones-Complicated Reduction With Fixation A	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7710	Maxilla-Open Reduction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7720	Maxilla-Closed Reduction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7730	Mandible-Open Reduction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7740	Mandible-Closed Reduction	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7750	Malar And/Or Zygomatic Arch-Open Reduction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7760	Malar And/Or Zygomatic Arch-Closed Reduction	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7770	Alveolus - Open Reduction Stabilization Of Teeth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7771	Alveolus, Closed Reduction Stabilization Of Teeth	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7780	Facial Bones-Complicated Reduction With Fixation A	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7810	Open Reduction Of Dislocation	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7820	Closed Reduction Of Dislocation	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7830	Manipulation Under Anesthesia	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7840	Condylectomy	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7850	Surgical Discectomy; With/Without Implant	N	Dental	Excluded	Standard Exclusion	None
01/01/2017								
01/01/2017	CDT	D7852	Disc Repair	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7854	Synovectomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7856	Myotomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7858	Joint Reconstruction	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7860	Arthrotoomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7865	Arthroplasty	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7870	Arthrocentesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7871	Non-Arthroscopic Lysis And Lavage	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7872	Arthroscopy-Diagnosis, With Or Without Biopsy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7873	Arthroscopy-Surgical: Lavage And Lysis Of Adhesion	N	Dental	Excluded	Standard Exclusion	None
	CDT	D7874	Arthroscopy-Surgical: Disc Repositioning And Stabi	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7875	Arthroscopy-Surgical: Synovectomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7876	Arthroscopy-Surgical: Discectomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7877	Arthroscopy-Surgical: Debridement	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7880	Occlusal Orthotic Device By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7881	Occlusal Orthotic Device Adjustment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7899	Unspecified Tmd Therapy, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7972	Surgical Reduction Of Fibrous Tuberosity	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7980	Sialolithotomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7981	Excision Of Salivary Gland, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D7983	Closure Of Salivary Fistula	N	Dental	Excluded	Standard Exclusion	None
	CDT	D0385	Maxillofacial Mri Image Capture	N	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D8010	Limited Orthodontic Treatment Of The Primary Denti	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8020	Limited Orthodontic Treatment Of The Transitional	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8030	Limited Orthodontic Treatment Of The Adolescent De	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8040	Limited Orthodontic Treatment Of The Adult Dentiti	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8050	Interceptive Orthodontic Treatment Of The Primary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8060	Interceptive Orthodontic Treatment Of The Transiti	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8070	Comprehensive Orthodontic Treatment Of The Transit	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8080	Comprehensive Orthodontic Treatment Of The Adolesc	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8090	Comprehensive Orthodontic Treatment Of The Adultt D	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8210	Removable Appliance Therapy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8220	Fixed Appliance Therapy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8660	Preorthodontic Treatment Visit	N	Dental	Excluded	Standard Exclusion	None
	CDT	D8670	Periodic Orthodontic Treatment Visit (As Part Of C	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8680	Orthodontic Retention (Removal Of Appliances, Cons	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8681	Removable Orthodontic Retainer Adjustment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8690	Orthodontic Treatment (Alternative Billing To A Co	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8691	Repair Of Orthodontic Appliance	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8692	Replacement Of Lost Or Broken Retainer	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8693	Rebond/Cement/Repair Retain	N	Dental	Excluded	Standard Exclusion	None
	CDT	D8694	Repair Of Fixed Retainers Includes Reattachment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D8999	Unspecified Orthodontic Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9110	Palliative (Emergency) Treatment Of Dental Pain-Mi	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9120	Fix Partial Denture Section	N	Dental	Excluded	Standard Exclusion	None
	CDT	D0391	IntepR Dx Imag Practitnr Not Assoc Cap Imag Rpt	N	Dental		Allowed with specific DX codes	None
01/01/2019						Dental Limitation	(see column H)	
01/01/2017	CDT	D9219	Evaluation For Deep Sedation Or General Anesthesia	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9223	Deep Sedation/General Anesthesia-Each 15 Minute Increment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9243	Intravenous Mod Sedation/Analgesia - Ea 15 Min	N	Dental	Excluded	Standard Exclusion	None
	CDT	D9310	Consultation (Diagnostic Service Provided By Denti	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9410	House/Extended Care Facility Call	N	Dental	Excluded	Standard Exclusion	None
	CDT	D9420	Hospital Or Ambulatory Surgical Center Call	N	Dental	Excluded	Standard Exclusion	None
01/01/2017								
01/01/2017	CDT	D9430	Office Visit For Observation (During Regularly Sch	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9440	Office Visit-After Regularly Scheduled Hours	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9450	Case Presentation, Detailed And Extensive Treatmen	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9610	Therapeutic Drug Injection, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D9612	Thera Par Drugs 2 Or > Admin	N	Dental	Excluded	Standard Exclusion	None
	CDT	D9630	Other Drugs And/Or Medicaments, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017								
01/01/2017	CDT	D9910	Application Of Desensitizing Medicament	N	Dental	Excluded	Standard Exclusion	None
	CDT	D9911	Application Of Desensitizing Resin For Cervical An	N	Dental	Excluded	Standard Exclusion	None
01/01/2017								
01/01/2017	CDT	D9920	Behavior Management, By Report	N	Dental	Excluded	Standard Exclusion	None

01/01/2017		CDT	D9930	Treatment Of Complications (Postsurgical) - Unusua	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9931	Cleaning And Inspection Of A Removable Appliance	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9932	Cleaning & Inspection Remv Cmpl Dentur Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9933	Cleaning & Inspection Remv Cmpl Dentur Mandibulr	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9934	Cleaning & Inspection Remv Part Dentur Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9935	Cleaning & Inspection Remv Part Dentur Mandibulr	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9940	Occlusal Guard By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9941	Fabrication Of Athletic Mouthguard	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9942	Repair And/Or Reline Of Occlusal Guard	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9943	Occlusal Guard Adjustment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9950	Occlusion Analysis-Mounted Case	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9951	Occlusal Adjustment-Limited	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9952	Occlusal Adjustment-Complete	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9970	Enamel Microabrasion	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9971	Odontoplasty 1 - 2 Teeth; Includes Removal Of Enam	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9972	External Bleaching - Per Arch	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9973	External Bleaching - Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9974	Internal Bleaching - Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9975	Ext Bleach Hom Applic-Arch; Matt Fab Cstm Travs	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9985	Sales Tax	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9986	Missed Appointment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9987	Cancelled Appointment	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9991	Dental Case Management-Addressing Appointment Compliance Barriers	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9993	Dental Case Management- Motivational Interviewing	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9994	Dental Case Management - Patient Education To Improve Oral Health Literacy	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		CDT	D9999	Unspecified Adjunctive Procedure, By Report	N	Dental	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0160	Sitz Type Bath Or Equipment, Portable, Used With O	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0161	Sitz Type Bath Or Equipment, Portable, Used With O	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0162	Sitz Bath Chair	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0163	Commode Chair, Stationary, With Fixed Arms	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0164	Commode Chair, Mobile, With Fixed Arms	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0165	Commode Chair, Stationary, With Detachable Arms	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0166	Commode Chair, Mobile, With Detachable Arms	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0167	Pail Or Pan For Use With Commode Chair	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0168	Commode Chair, Extra Wide And/Or Heavy Duty, Stati	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0169	Commode Chair With Seat Lift Mechanism	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	E0170	Commode Chair With Integrated Seat Lift Mechanism	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0171	Commode Chair With Integrated Seat Lift Mechanism	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0172	Seat Lift Mechanism Placed Over Or On Top Of Toilet, Any Type	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0175	Foot Rest, For Use With Commode Chair, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0184	Dry Pressure Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0185	Gel Or Gel-Like Pressure Pad For Mattress, Standar	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0186	Air Pressure Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0187	Water Pressure Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0188	Synthetic Sheepskin Pad	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0189	Lambswool Sheepskin Pad, Any Size	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0190	Positioning Cushion/Pillow/Wedge, Any Shape Or Siz	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0196	Gel Pressure Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0210	Electric Heat Pad, Standard	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0215	Electric Heat Pad, Moist	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0217	Water Circulating Heat Pad With Pump	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0218	Water Circulating Cold Pad With Pump	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0220	Hot Water Bottle	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0221	Infrared Heating Pad System	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0225	Hydrocollator Unit, Includes Pads	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0230	Ice Cap Or Collar	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0235	Paraffin Bath Unit, Portable (See Medical Supply C	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0236	Pump For Water Circulating Pad	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0238	Non-Electric Heat Pad, Moist	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0239	Hydrocollator Unit, Portable	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0240	Bath/Shower Chair, With Or Without Wheels, Any Siz	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0241	Bath Tub Wall Rail, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0242	Bath Tub Rail, Floor Base	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0243	Toilet Rail, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0244	Raised Toilet Seat	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0245	Tub Stool Or Bench	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0246	Transfer Tub Rail Attachment	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0247	Transfer Bench For Tub Or Toilet With Or Without C	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0248	Transfer Bench, Heavy Duty, For Tub Or Toilet With	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0249	Pad For Water Circulating Heat Unit	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0273	Bed Board	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0274	Over-Bed Table	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0275	Bed Pan, Standard, Metal Or Plastic	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0276	Bed Pan, Fracture, Metal Or Plastic	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0280	Bed Cradle, Any Type	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0315	Bed Accessory: Board, Table, Or Support Device, An	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0325	Urinal; Male, Jug-Type, Any Material	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0326	Urinal; Female, Jug-Type, Any Material	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0350	Control Unit For Electronic Bowel Irrigation/Evacu	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0352	Disposable Pack (Water Reservoir Bag, Speculum, Va	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0370	Air Pressure Elevator For Heel	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	E0575	Nebulizer, Ultrasonic, Large Volume	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017	12/31/2023	HCPC	E0604	Breast Pump, Heavy Duty, Hospital Grade, Piston Op	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0605	Vaporizer, Room Type	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0621	Sling Or Seat, Patient Lift, Canvas Or Nylon	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0625	Patient Lift, Bathroom Or Toilet, Not Otherwise Cl	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0627	Seat Lift Mechanism Incorporated Into A Combinatio	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0628	Separate Seat Lift Mechanism For Use With Patient	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0629	Separate Seat Lift Mechanism For Use With Patient	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0630	Patient Lift, Hydraulic, With Seat Or Sling	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0635	Patient Lift, Electric With Seat Or Sling	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0637	Comb Sit Stand Frame/Table Sys Seatlift Feature	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0638	Standing Frame/Table Sys One Position Any Sz	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0639	Patient Lift, Moveable From Room To Room With Disa	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0640	Patient Lift, Fixed System, Includes All Component	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0641	Standing Frame/Table System, Multi-Position	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0642	Standing Frame/Table System, Mobile, Any Size Including Pediatric	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0700	Safety Equipment (E.G., Belt, Harness Or Vest)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0701	Helmet With Face Guard And Soft Interface Material	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0705	Transfer Board Or Device, Any Type, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0935	Passive Motion Exercise Device	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0936	Cpm Device, Other Than Knee	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	E0943	Cervical Pillow	N	Personal Care	Excluded	Standard Exclusion	None

01/01/2017	HCPC	E1016	Shock Absorber For Power Wheelchair, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1031	Rollabout Chair, Any And All Types With Castors 5"	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1035	Multi-Positional Patient Transfer System, With Int	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1037	Transport Chair, Pediatric Size	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1038	Transport Chair, Adult Size, Patient Weight	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1039	Capaci Transport Chair, Adult Size, Heavy Duty, Patient W	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1230	Power Operated Vehicle (Three Or Four Wheel Nonhig	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1300	Whirlpool, Portable (Overtub Type)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1310	Whirlpool, Non-Portable (Built-In Type)	Y	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1356	O2 Access Bttry Pack/Crtrdge Prtble Conc Repl Ea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1357	O2 Access Battry Charger Prtble Conc Repl Ea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1570	Adjustable Chair, For Esrd Patients	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1610	Reverse Osmosis Water Purification System, For Hem	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E1615	Deionizer Water Purification System, For Hemodialy	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2300	Power Wheelchair Accessory, Power Seat Elevation S	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	Power Wheelchair Accessory, Power Standing System	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2331	Power Wheelchair Accessory, Attendant Control, Pro	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2340	Power Wheelchair Accessory, Nonstandard Seat Frame	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2341	Power Wheelchair Accessory, Nonstandard Seat Frame	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2342	Power Wheelchair Accessory, Nonstandard Seat Frame	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2343	Power Wheelchair Accessory, Nonstandard Seat Frame	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2358	Pwr Wc Access Grp 34 Nonsealed Lead Acid Batt Ea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2359	Pwr Wc Accessory Grp 34 Sealed Lead Acid Batt Ea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2360	Power Wheelchair Accessory, 22 Nf Non-Sealed Lead	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2361	Power Wheelchair Accessory, 22Nf Sealed Lead Acid	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2362	Power Wheelchair Accessory, Group 24 Non-Sealed Le	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2363	Power Wheelchair Accessory, Group 24 Sealed Lead A	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2364	Power Wheelchair Accessory, U-1 Non-Sealed Lead Ac	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2365	Power Wheelchair Accessory, U-1 Sealed Lead Acid B	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2366	Power Wheelchair Accessory, Battery Charger, Singl	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2367	Power Wheelchair Accessory, Battery Charger, Dual	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2371	Power Wheelchair Accessory, Group 27 Sealed Lead A	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2372	Power Wheelchair Accessory,Group 27 Non-Sealed Lea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	E2397	Power Whlchair Accessory Lithium-Based Battv Ea	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	G0176	Activity Therapy, Such As Music, Dance, Art Or Pla	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	G0177	Training And Educational Services Related To The C	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	G0179	Physician Re-Certification For Medicare-Covered Ho	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	G0180	Physician Certification For Medicare-Covered Home	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	G0429	Derm Filler Inj Tx Facial Lipodystrophy Syndrome	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0019	Behavioral Health; Long-Term Residential (Non-Medi	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0021	Alcohol And/Or Drug Training Service (For Staff An	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0022	Alcohol And/Or Drug Intervention Service (Planned	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0023	Behavioral Health Outreach Service (Planned Approa	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0024	Behavioral Health Prevention Information Dissemina	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0025	Behavioral Health Prevention Education Service (De	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0026	Alcohol And/Or Drug Prevention Process Service, Co	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0027	Alcohol And/Or Drug Prevention Environmental Servi	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0028	Alcohol And/Or Drug Prevention Problem Identificat	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0029	Alcohol And/Or Drug Prevention Alternatives Servic	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0030	Behavioral Health Hotline Service	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0031	Mental Health Assessment, By Non-Physician	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0032	Mental Health Service Plan Development By Non-Phys	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0034	Medication Training And Support, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0036	Community Psychiatric Supportive Treatment, Face-T	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0037	Community Psychiatric Supportive Treatment Program	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0038	Self-Help/Peer Services, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0039	Assertive Community Treatment, Face-To-Face, Per 1	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0040	Assertive Community Treatment Program, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0041	Foster Care, Child, Non-Therapeutic, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0042	Foster Care, Child, Non-Therapeutic, Per Month	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0043	Supported Housing, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0044	Supported Housing, Per Month	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0045	Respite Care Services, Not In The Home, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0046	Mental Health Services, Not Otherwise Specified	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0047	Alcohol And/Or Other Drug Abuse Services, Not Othe	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H0048	Alcohol And/Or Other Drug Testing; Collection And	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1002	Prenatal Care, At Risk Enhanced Service; Care Coor	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1003	Prenatal Care, At-Risk Enhanced Service; Education	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1004	Prenatal Care, At-Risk Enhanced Service; Follow-Up	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1005	Prenatal Care, At-Risk Enhanced Service Package (I	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1010	Non-Medical Family Planning Education, Per Session	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H1011	Family Assessment By Licensed Behavioral Health Pr	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2000	Comprehensive Multidisciplinary Evaluation	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2001	Rehabilitation Program, Per 1/2 Day	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2014	Skills Training And Development, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2015	Comprehensive Community Support Services, Per 15 M	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2016	Comprehensive Community Support Services, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017	HCPC	H2017	Psychosocial Rehabilitation Services, Per 15 Minut	N	Behavioral Health	Excluded	Standard Exclusion	None

01/01/2017		HCPC	H2018	Psychosocial Rehabilitation Services, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2019	Therapeutic Behavioral Services, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2020	Therapeutic Behavioral Services, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2021	Community-Based Wrap-Around Services, Per 15 Minut	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2022	Community-Based Wrap-Around Services, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2023	Supported Employment, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2024	Supported Employment, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2025	Ongoing Support To Maintain Employment, Per 15 Min	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2026	Ongoing Support To Maintain Employment, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2027	Psychoeducational Service, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2028	Sexual Offender Treatment Service, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2029	Sexual Offender Treatment Service, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2030	Mental Health Clubhouse Services, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2031	Mental Health Clubhouse Services, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2032	Activity Therapy, Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2033	Multisystemic Therapy For Juveniles, Per 15 Minute	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	H2034	Alcohol And/Or Drug Abuse Halfway House Services,	N	Behavioral Health	Excluded	Standard Exclusion	None
		HCPC	H2037	Developmental Delay Prevention Activities, Depend	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0102	Crutch And Cane Holder, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0601	Replacement Battery For External Infusion Pump Own	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0602	Replacement Battery For External Infusion Pump Own	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0603	Replacement Battery For External Infusion Pump Own	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0604	Replacement Battery For External Infusion Pump Own	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0605	Replacement Battery For External Infusion Pump Own	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	K0607	Replacement Battery For Automated External Defibri	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017	06/30/2024	HCPC	K0608	Replacement Garment For Use With Automated Externa	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0627	Traction Equipment, Cervical, Free-Standing, Pneum	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0628	For Diabetics Only, Multiple Density Insert, Direc	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0629	For Diabetics Only, Multiple Density Insert, Custo	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0630	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sac	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0631	Sacroiliac Orthosis, Flexible, Provides Pelvic-Sac	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0632	Sacroiliac Orthosis, Provides Pelvic-Sacral Suppor	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0633	Sacroiliac Orthosis, Provides Pelvic-Sacral Suppor	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0634	Lumbar Orthosis, Flexible, Provides Lumbar Suoport	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0635	Lumbar Orthosis, Sagittal Control, With Rigid Post	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0636	Lumbar Orthosis, Sagittal Control, With Rigid Ante	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0637	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-S	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0638	Lumbar-Sacral Orthosis, Flexible, Provides Lumbo-S	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0639	Lumbar-Sacral Orthosis, Sagittal Control, With Rig	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0641	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0642	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0643	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0644	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0645	Lumbar Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0646	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0647	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0648	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0649	Lumbar-Sacral Orthosis, Sagittal-Coronal Control,	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0733	12-24 Hr Sealed Lead Acid, Power W/C Access	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	06/30/2023	HCPC	K0800	Pov Group 1 Std Up To 300Lbs	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0812	Power Operated Vehicle Noc	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0830	Pwc Gp2 Std Seat Elevate S/B	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	K0831	Pwc Gp2 Std Seat Elevate Cap	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017		HCPC	L2999	Lower Extremity Orthoses, Not Otherwise Specified	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		CPT	11055	Paring/Cutting, Benign Hyperkeratotic Lesion; N Sing		Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	11056	Paring/Cutting, Benign Hyperkeratotic Lesion; N 2-4		Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	11057	Paring/Cutting, Benign Hyperkeratotic Lesion; N Grea		Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	11720	Debridement, Nail(S), Any Method(S); 1-5	N	Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	11721	Debridement, Nail(S), Any Method(S); Over 6	N	Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A9283	Foot Pressure Off Load/Supp Device Any Type Each	N	Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	G0127	Trimming Of Dystrophic Nails, Any Number	N	Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	S0390	Routine Foot Care; Removal And/Or Trimming Of Corn	N	Foot Care	Foot care limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2023	CPT	53420	Urethrolasty, 2-Stage, Reconstr/Repair, Prostatic	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2023	CPT	53425	Urethrolasty, 2-Stage, Reconstr/Repair, Prostatic	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54130	Amputation, Penis, Radical; W/Bilat Inguiofemoral	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54135	Amputation, Penis, Radical; W/Bilat Pelvic Lymhpad	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54420	Corpora Cavernosa-Saphenous Vein Shunt (Priapism O	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54430	Corpora Cavernosa-Corpus Spongiosum Shunt (Priap	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54435	Corpora Cavernosa-Glans Penis Fistulization, N Priap	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2022	CPT	54450	Foreskin Manipulation W/Lysis, Preputial Adhesions	N	Gender Reassignment	Gender Reassing DX list	Excluded with specific DX codes (see column H)	None
01/01/2017		CPT	59400	Routine Obstetric Care, Antepartum Care, Vaginal D	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59409	Vaginal Delivery Only (W/Wo Episiotomy And/Or Forc	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59410	Vaginal Delivery Only (W/Wo Episiotomy And/Or Forc	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59412	Ext Cephalic Version, W/Wo Tocolysis	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59414	Delivery, Placenta (Sep Proc)	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59425	Antepartum Care Only; 4 To 6 Visits	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017		CPT	59426	Antepartum Care Only; 7 (Plus) Visits	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None

01/01/2017	CPT	59430	Postpartum Care Only (Sep Proc)	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59510	Routine Obstetric Care W/Antepartum Care, Cesarean	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59514	Cesarean Delivery Only	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59515	Cesarean Delivery Only; W/Postpartum Care	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59610	Routine Obstetric Care, Vaginal Delivery, W/Antepa	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	ICD10	L74510	Primary Focal Hyperhidrosis, Axilla	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	ICD10	L74511	Primary Focal Hyperhidrosis, Face	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	ICD10	L74512	Primary Focal Hyperhidrosis, Palms	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	ICD10	L74513	Primary Focal Hyperhidrosis, Soles	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	ICD10	L74519	Primary Focal Hyperhidrosis, Unspecified	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	ICD10	L7452	Secondary Focal Hyperhidrosis	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
01/01/2017	CPT	59612	Vaginal Delivery Only, Previous Cesarean Delivery	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59614	Vaginal Delivery Only, Previous Cesarean Delivery	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	CPT	59618	Routine Ob Care, Ante/Postpartum, Cesarean Deliver	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	HCPC	M0100	Intragastric Hypothermia Using Gastric Freezing	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017	CPT	59620	Cesarean Delivery, After Failed Vaginal Delivery	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	HCPC	Q0491	Emergency Power Source For Use With Electric/Pneum	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0495	Battery/Power Pack Charger For Use With Electric O	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0496	Battery For Use With Electric Or Electric/Pneumati	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0497	Battery Clips For Use With Electric Or Electric/Pn	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0503	Battery For Pneumatic Ventricular Assist Device, R	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0504	Power Adapter For Pneumatic Ventricular Assist Dev	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q0506	Battery Lithium-Ion Elec/Pneumatic Vad Repl	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2017	CPT	59622	Cesarean Delivery, After Failed Vaginal Delivery	N	Home Delivery/Birth	Excluded (see column I)	Excluded when submitted with place of service 12 (Home)	None
01/01/2017	HCPC	Q2026	Injection Radiesse 0.1Ml	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	HCPC	Q2028	Injection Sculptra 0.5 Mg	N	Physical Appearance	Excluded	Standard Exclusion	None
01/01/2017	09/30/2024	HCPC	Q4122 Dermacell Per Sq Cm	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S0209 Wheelchair Van, Mileage, Per Mile	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S0215 Non-Emergency Transportation; Mileage, Per Mile	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S1001 Deluxe Item, Patient Aware (List In Addition To Co	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S1002 Customized Item (List In Addition To Code For N Basi	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S2230 Implantation Of Magnetic Component Of Semi-Implant	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5100 Day Care Services, Adult; Per 15 Minutes	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5101 Day Care Services, Adult; Per Half Day	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5102 Day Care Services, Adult; Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5105 Day Care Services, Center-Based; Services Not Incl	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5120 Chore Services; Per 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5121 Chore Services; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5125 Attendant Care Services; Per 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5126 Attendant Care Services; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5130 Homemaker Service, Nos; Per 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5131 Homemaker Service, Nos; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5135 Companion Care, Adult (E.G. Iad/Adt); Per 15 Minu	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5136 Companion Care, Adult (E.G. Iad/Adt); Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5140 Foster Care, Adult; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5141 Foster Care, Adult; Per Month	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5145 Foster Care, Therapeutic, Child; Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5146 Foster Care, Therapeutic, Child; Per Month	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5150 Unskilled Respite Care, Not Hospice; Per 15 Minute	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5151 Unskilled Respite Care, Not Hospice; Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5160 Emergency Response System; Installation And Testin	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5161 Emergency Response System; Service Fee, Per Month	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5162 Emergency Response System; Purchase Only	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5165 Home Modifications; Per Service	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5170 Home Delivered Meals, Including Preparation; Per M	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5175 Laundry Service, External, Professional; Per Order	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5190 Wellness Assessment, Performed By Non-Physician	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S5199 Personal Care Item, Nos, Each	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8095 Wig (For Medically-Induced Or Congenital Hair Loss	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8260 Oral Orthotic For Treatment Of Sleep Apnea, N	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8262 Mandibular Orthopedic Repositioning Device, N	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8930 Each E-Stim Aur Acupunct Pnts; Ea 15 Min 1-1	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8940 Cntc Pt Hippotherapy	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S8948 Application Of A Modality (Requiring Constant Prov	Y	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017	12/31/2017	HCPC	S9125 Respite Care, In The Home, Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9381 Delivery Or Service To High Risk Areas Requiring E	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9430 Pharmacy Compounding And Dispensing Services	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9434 Modified Solid Food Supplements For Inborn Errors	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9435 Medical Foods For Inborn Errors Of Metabolism	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9436 Childbirth Preparation/Lamaze Classes, Non-Physici	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9437 Childbirth Refresher Classes, Non-Physician Provid	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9438 Cesarean Birth Classes, Non-Physician Provider, Pe	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9439 Vbac (Vaginal Birth After Cesarean) Classes, Non-P	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9442 Birthing Classes, Non-Physician Provider, Per Sess	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9443 Lactation Classes, Non-Physician Provider, Per Ses	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9444 Parenting Classes, Non-Physician Provider, Per Ses	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9445 Patient Education, Not Otherwise Classified, Non-P	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9446 Patient Education, Not Otherwise Classified, Non-P	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9447 Infant Safety (Including Cpr) Classes, Non-Physici	N	Birthing Classes	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9451 Exercise Classes, Non-Physician Provider, Per Sess	N	Personal Care	Excluded	Standard Exclusion	None

01/01/2017		HCPC	S9900	Srvc Journal-Listed Cs Pract Healing Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9970	Health Club Membership, Annual	N	Miscellaneous	Excluded	Standard Exclusion	None
		HCPC	S9975	Transplant Related Lodging, Meals And Transportati	N	Travel	Excluded	Standard Exclusion	None
01/01/2017									
		HCPC	S9976	Lodging, Per Diem, Not Otherwise Classified	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017									
01/01/2017		HCPC	S9977	Meals, Per Diem, Not Otherwise Specified	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9981	Medical Records Copying Fee, Administrative	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017									
01/01/2017		HCPC	S9982	Medical Records Copying Fee, Per Page	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9986	Not Medically Necessary Service (Patient Is Aware	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9990	Services Provided As Part Of A Phase Ii Clinical T	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9991	Services Provided As Part Of A Phase Iii Clinical	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	S9999	Sales Tax	N	Travel	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1005	Respite Care Services, Up To 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1008	Day Treatment For Individual Alcohol And/Or Subst	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1009	Child Sitting Services For Children Of The Individ	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1010	Meals For Individuals Receiving Alcohol And/Or Sub	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1011	Alcohol And/Or Substance Abuse Services, Not Other	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1012	Alcohol And/Or Substance Abuse Services, Skills De	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1013	Sign Language Or Oral Interpretive Services, Per 1	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1018	School-Based Individualized Education Program (lep	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1019	Personal Care Services, Per 15 Minutes, Not For An	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1020	Personal Care Services, Per Diem, Not For An Inpat	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1025	Intensive, Extended Multidisciplinary Services Pro	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2030	Assisted Living, Waiver; Per Month	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2031	Assisted Living; Waiver; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2032	Residential Care, Not Otherwise Specified (Nos), W	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2033	Residential Care, Not Otherwise Specified (Nos), W	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2035	Utility Services To Support Medical Equipment And	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2036	Therapeutic Camping, Overnight, Waiver; Each Sessi	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2037	Therapeutic Camping, Day, Waiver; Each Session	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2038	Community Transition, Waiver; Per Service	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2039	Vehicle Modifications, Waiver; Per Service	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2040	Financial Management, Self-Directed, Waiver; Per 1	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2041	Supports Brokerage, Self-Directed, Waiver; Per 15	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T2101	Human Breast Milk Processing, Storage And Distribu	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2017		HCPC	A5500	For Diabetics Only, Fitting (Including Follow-Up).	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5501	For Diabetics Only, Fitting (Including Follow-Up).	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5504	For Diabetics Only, Modification (Including Fittin	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5505	For Diabetics Only, Modification (Including Fittin	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5506	For Diabetics Only, Modification (Including Fittin	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5507	For Diabetics Only, Not Otherwise Specified Modifi	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5508	For Diabetics Only, Deluxe Feature Of Off-The-Shel	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2019	HCPC	A5509	For Diabetics Only, Direct Formed, Molded To N Foot	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	A5510	For Diabetics Only, Direct Formed, Compression Mol	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	12/31/2019	HCPC	A5511	For Diabetics Only, Custom-Molded From Model Of Pa	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3000	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3001	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3002	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3003	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3010	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3020	Foot, Insert, Removable, Molded To Patient Model.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3030	Foot, Insert, Removable, Formed To Patient Foot, E	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3031	Foot, Insert/Plate, Removable, Addition To Lower E	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3040	Foot, Arch Support, Removable, Premolded, Longitud	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3050	Foot, Arch Support, Removable, Premolded, Metatars	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3060	Foot, Arch Support, Removable, Premolded, Longitud	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3070	Foot, Arch Support, Non-Removable Attached To Shoe	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3080	Foot, Arch Support, Non-Removable Attached To Shoe	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3090	Foot, Arch Support, Non-Removable Attached To Shoe	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3160	Foot, Adjustable Shoe-Styled Positioning Device	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	09/30/2024	HCPC	L3170	Foot, Plastic Heel Stabilizer	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3224	Orthopedic Footwear, Woman'S Shoe, Oxford, Used As	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3225	Orthopedic Footwear, Man'S Shoe, Oxford, Used As A	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3230	Orthopedic Footwear, Custom Shoes, Depth Inlav	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3250	Orthopedic Footwear, Custom Molded Shoe, Removable	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3251	Foot, Shoe Molded To Patient Model, Silicone Shoe.	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3252	Foot, Shoe Molded To Patient Model, Plastazote (Or	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3253	Foot, Molded Shoe Plastazote (Or Similar) Custom F	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3254	Non-Standard Size Or Width	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3255	Non-Standard Size Or Length	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3257	Orthopedic Footwear, Additional Charge For Split S	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3265	Plastazote Sandal, Each	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3300	Lift, Elevation, Heel, Tapered To Metatarsals, Per	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3310	Lift, Elevation, Heel And Sole, Neoprene, Per Inch	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3320	Lift, Elevation, Heel And Sole, Cork, Per Inch	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3330	Lift, Elevation, Metal Extension (Skate)	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3332	Lift, Elevation, Inside Shoe, Tapered, Up To One-H	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3334	Lift, Elevation, Heel, Per Inch	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017		HCPC	L3340	Heel Wedge, Sach	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017							Orthotics Limitation	(see column H)	

01/01/2017	HCPC	L3350	Heel Wedge	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3360	Sole Wedge, Outside Sole	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3370	Sole Wedge, Between Sole	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3390	Outflare Wedge	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3400	Metatarsal Bar Wedge, Rocker	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3410	Metatarsal Bar Wedge, Between Sole	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3420	Full Sole And Heel Wedge, Between Sole	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3430	Heel, Counter, Plastic Reinforced	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3440	Heel, Counter, Leather Reinforced	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3450	Heel, Sach Cushion Type	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3460	Heel, New Rubber, Standard	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3470	Heel, Thomas Extended To Ball	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3480	Heel, Pad And Depression For Spur	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3485	Heel, Pad, Removable For Spur	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3500	Orthopedic Shoe Addition, Insole, Leather	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3510	Orthopedic Shoe Addition, Insole, Rubber	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3520	Orthopedic Shoe Addition, Insole, Felt Covered Wit	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3530	Orthopedic Shoe Addition, Sole, Half	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3540	Orthopedic Shoe Addition, Sole, Full	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3550	Orthopedic Shoe Addition, Toe Tap Standard	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3560	Orthopedic Shoe Addition, Toe Tap, Horseshoe	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3570	Orthopedic Shoe Addition, Special Extension To Ins	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3580	Orthopedic Shoe Addition, Convert Instep To Velcro	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3590	Orthopedic Shoe Addition, Convert Firm Shoe Counte	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3595	Orthopedic Shoe Addition, March Bar	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3600	Transfer Of An Orthosis From One Shoe To Another,	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3610	Transfer Of An Orthosis From One Shoe To Another,	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3620	Transfer Of An Orthosis From One Shoe To Another,	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	L3630	Transfer Of An Orthosis From One Shoe To Another,	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2017	HCPC	V5095	Semi-Implantable Middle Ear Hearing Prosthesis	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5262	Hearing Aid, Disposable, Any Type, Monaural	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5263	Hearing Aid, Disposable, Any Type, Binaural	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5264	Ear Mold/Insert, Not Disposable, Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5265	Ear Mold/Insert, Disposable, Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5266	Battery For Use In Hearing Device	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5267	Hearing Aid Supplies / Accessories	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5268	Assistive Listening Device, Telephone Amplifier, A	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5269	Assistive Listening Device, Alerting, Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5270	Assistive Listening Device, Television Amplifier,	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5271	Assistive Listening Device, Television Caption Dec	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5272	Assistive Listening Device, Tdd	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5273	Assistive Listening Device, For Use With Cochlear	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5274	Assistive Listening Device, Not Otherwise Specifie	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5275	Ear Impression, Each	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5281	Assist List Devc Pers Fm/Dm Sys Monaurl Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5282	Assist List Devc Pers Fm/Dm Sys Binaurl Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5283	Assist List Devc Pers Fm/Dm Nck Loop Induct Recv	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5284	Assist List Device Pers Fm/Dm Ear Level Receiver	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5285	Assist List Devc Pers Fm/Dm Dir Audio Input Recv	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5286	Assist Listen Devc Pers Blue Tooth Fm/Dm Receivr	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5287	Assistive Listening Devc Pers Fm/Dm Receiver Nos	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5288	Assist Listen Devc Pers Fm/Dm Transmitter Aid	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5289	Assist List Devc Pers Fm/Dm Adptr/Boot Cplg Recv	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5290	Assist Listen Devc Transmitt Microphone Any Type	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5298	Hearing Aid, Not Otherwise Classified	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	HCPC	V5299	Hearing Service, Miscellaneous	N	Hearing	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z005	Encounter For Exam Of Potential Donor Of Organ	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z006	Encntr For Nrml Cmprsn And Ctrl In Cncl	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z02	Encounter For Administrative Examinations	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z020	Encounter For Exam For Admission To Educational In	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z021	Encounter For Pre_Employment Examination	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z022	Encounter For Exam For Admission To Residential In	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z023	Encounter For Examination For Recruitment To Armed	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z024	Encounter For Examination For Driving License	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z025	Encounter For Examination For Participation In Spo	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z026	Encounter For Examination For Insurance Purposes	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z027	Encounter For Issue Of Medical Certificate	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0271	Encounter For Disability Determination	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0279	Encounter For Issue Of Other Medical Certificate	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z028	Encounter For Other Administrative Examinations	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0281	Encounter For Paternity Testing	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0282	Encounter For Adoption Services	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0283	Encounter For Blood-Alcohol And Blood-Drug Test	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z0289	Encounter For Other Administrative Examinations	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2017	ICD10	Z029	Encounter For Administrative Examinations, Unspeci	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
10/01/2017	CPT	0488T	Preventive Behavior Change, Online/Electronic Structured Intensive Program For Prevention Of Diabetes Using A Standardized Diabetes Prevention Program Curriculum, Provided To An Individual, Per 30	N	Miscellaneous	Excluded	Standard Exclusion	None

01/01/2018	CPT	15788	Chemical Peel, Facial; Epidermal	N	Chemical Peel	<u>Chemical Peel Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15789	Chemical Peel, Facial; Dermal	N	Chemical Peel	<u>Chemical Peel Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15792	Chemical Peel, Nonfacial; Epidermal	N	Chemical Peel	<u>Chemical Peel Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15793	Chemical Peel, Nonfacial; Dermal	N	Chemical Peel	<u>Chemical Peel Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CDT	d4210	Gingivectomy Or Gingivoplasty 4 Or More Continuous	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D4261	Osseous Surgery(Including Flap Entry & Closure)	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D6012	Surgical Placement Of Interim Implant Body For Transitional Prosthesis: Endosteal Implant	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D6013	Surgical Placement Of Mini Mplant	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7230	Removal Of Impacted Tooth-Partially Bony	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7240	Removal Of Impacted Tooth-Completely Bony	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7241	Removal Of Impacted Tooth-Completely Bony, With Un	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7280	Surgical Access Of An Unerrupted Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7282	Mobilization Of Erupted Or Malpositioned Tooth To	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7283	Placement Of Device To Facilitate Eruption Of Impa	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7285	Biopsy Of Oral Tissue - Hard (Bone, Tooth)	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7286	Biopsy Of Oral Tissue - Soft	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7287	Exfoliative Cytological Sample Collection	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7288	Brush Biopsy - Transepithelial Sample Collection	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7290	Surgical Repositioning Of Teeth	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, B	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7292	Placement Of Temporary Anchorage Device [Screw Retained Plate] Requiring Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7293	Placement Of Temporary Anchorage Device Requiring Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7294	Placement Of Temporary Anchorage Device Without Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7310	Alveoloplasty In Conjunction With Extractions - Pe	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7311	Alveoloplasty In Conjunction With Extractions - On	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7320	Alveoloplasty Not In Conjunction With Extractions	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7321	Alveoloplasty Not In Conjunction With Extractions	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7410	Excision Of Benign Lesion Up To 1.25 Cm	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7412	Excision Of Benign Lesion, Complicated	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7413	Excision Of Malignant Lesion Up To 1.25 Cm	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7415	Excision Of Malignant Lesion, Complicated	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7440	Excision Of Malignant Tumor-Lesion Diameter Up To	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7441	Excision Of Malignant Tumor-Lesion Diameter Greate	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7450	Removal Of Benign Odontogenic Cyst Or Tumor-Lesion	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7451	Removal Of Benign Odontogenic Cyst Or Tumor-Lesion	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor-Les	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor-Les	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7465	Destruction Of Lesion(S) By Physical Or Chemical M	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7472	Removal Of Torus Palatinus	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7473	Removal Of Torus Mandibularis	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7485	Surgical Reduction Of Osseous Tuberosity	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7490	Radical Resection Of Maxilla Or Mandible	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7510	Incision And Drainage Of Abscess-Intraoral Soft Ti	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7511	Incision And Drainage Of Abscess - Intraoral Soft	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7520	Incision And Drainage Of Abscess-Extraoral Soft Ti	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7521	Incision And Drainage Of Abscess - Extraoral Soft	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subc	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7540	Removal Of Reaction-Producing Foreign Bodies-Muscu	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7550	Partial Osteotomy/Sequestrectomy For Removal Of No	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7940	Osteoplasty-For Orthognathic Deformities	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7941	Osteotomy - Mandibular Rami	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7943	Osteotomy - Mandibular Rami With Bone Graft; Inclu	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7944	Osteotomy-Segmented Or Subapical-Per Sextant Or Qu	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7945	Osteotomy-Body Of Mandible	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7946	Lefort I (Maxilla-Total)	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7947	Lefort I (Maxilla-Segmented)	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7948	Lefort ii Or Lefort iii (Osteoplasty Of Facial Bon	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7949	Lefort ii Or Lefort iii-With Bone Graft	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of Th	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7953	Bone Replacement Graft For Ridge Preservation - Pe	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue De	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7960	Frenulectomy Sep Proc Not Incidentl Another Proc	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7963	Frenuloplasty	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7970	Excision Of Hyperplastic Tissue-Per Arch	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7971	Excision Of Pericoronal Gingiva	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7982	Sialodochoplasty	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7990	Emergency Tracheotomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D7991	Coronoidectomy	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9215	Local Anesthesia Conjunction Operative/Surg Proc	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9220	Deep Sedation/General Anesthesia-First 30 Minutes	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9221	Deep Sedation/General Anesthesia-Each Additional 1	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9230	Inhalation Of Nitrous Oxide/Anxiolysis Analgesia	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9241	Intravenous Conscious Sedation/Analgesia - First 3	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9242	Intravenous Conscious Sedation/Analgesia - Each Ad	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	CDT	D9248	Non-Intravenous Conscious Sedation	N	Dental	Excluded	Standard Exclusion	None
01/01/2018	HCPC	G0159	Services Pt Home Health Est/Del Pt Mp Ea 15 Mins	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2018	HCPC	G0160	Services Ot Home Halth Est/Del Ot Mp Ea 15 Mins	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2018	HCPC	G0161	Service Slp Hh Est/Del Spch-Lang Path Mp Ea 15 M	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2018	CPT	15780	Dermabrasion; Total Face (Eg, For Acne Scarring, Fine Wrinkling, Rhytids, General Keratosis)	N	Dermabrasion	<u>Dermabrasion Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15781	Dermabrasion; Segmental, Face	N	Dermabrasion	<u>Dermabrasion Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15782	Dermabrasion; Regional, Other Than Face	N	Dermabrasion	<u>Dermabrasion Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018	CPT	15783	Dermabrasion; Superficial, Any Site (Eg, Tattoo Removal)	N	Dermabrasion	<u>Dermabrasion Limitation</u>	Excluded with specific DX codes (see column H)	None

01/01/2018		CPT	15786	Abrasion; Single Lesion (Eg, Keratosis, Scar)	N	Dermabrasion		Excluded with specific DX codes (see column H)	None
		CPT	15787	Abrasion; Each Additional 4 Lesions Or Less (List Separately In Addition To Code For Primary Procedure)	N	Dermabrasion	<u>Dermabrasion Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018		CPT	17000	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (Eg, Actinic Keratoses); First Lesion	N	Destruction		Excluded with specific DX codes (see column H)	None
01/01/2018							<u>Destruction Limitation</u>		
		CPT	17003	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (Eg, Actinic Keratoses); Second Through 14 Lesions, Each (List Separately In Addition To Code For First Lesion)	N	Destruction		Excluded with specific DX codes (see column H)	None
01/01/2018		CPT	17004	Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (Eg, Actinic Keratoses), 15 Or More Lesions	N	Destruction		Excluded with specific DX codes (see column H)	None
01/01/2018							<u>Destruction Limitation</u>		
01/01/2018		CPT	17110	Destruction, Flat Warts, Molluscum Contagiosum/Mil	N	Destruction	<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2018		HCPC	A5503	For Diabetics Only, Modification (Including Fittin	N	Orthotics	<u>Orthotics Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	12/31/2019	CPT	0357T	Cryopreservation Oocyte(S)	N	Infertility	Excluded	Standard Exclusion	None
01/01/2019		HCPC	A0420	Ambulance Waiting Time In 1/2 Hour Increments	N	Travel		Standard Exclusion	None
01/01/2019							Excluded		
01/01/2019		HCPC	A0424	Extra Ambulance Attendant	N	Travel	Excluded	Standard Exclusion	None
01/01/2019		CPT	11719	Trimming Of Nondystrophic Nails, Any Number	N	Foot Care		Excluded with specific DX codes (see column H)	None
							<u>Foot care limitation</u>		
01/01/2019		HCPC	T2007	Transportation Waiting Time, Air Ambulance And Non	N	Travel		Standard Exclusion	None
							Excluded		
10/01/2019	06/30/2024	HCPC	Q4210	Axolotl Graft Or Axolotl Dualgraft, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2020		CPT	20560	Insertion Of Needle, 1-2 Muscles	Y	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2020		CPT	20561	Insertion Of Needle, 3 Muscles Or More	Y	Experimental & Investigational	Excluded	Standard Exclusion	None
		HCPC	G2168	Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes	N	Types of Care		Standard Exclusion	None
04/01/2020							Excluded		
		HCPC	G2169	Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes	N	Types of Care		Standard Exclusion	None
04/01/2020							Excluded		
		CPT	0567T	Permanent Fallopian Tube Occlusion With Degradable Biopolymer Implant, Transcervical Approach, Including Transvaginal Ultrasound	N	Miscellaneous		Standard Exclusion	None
01/01/2021							Excluded		
		CPT	55870	Insertion Of Device To Enhance Semen Discharge	N	Infertility			None
03/01/2021		CPT	58321	Injection Of Semen Into Cervix	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021		CPT	58322	Injection Of Semen Into Uterus	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021		CPT	58323	Sperm Washing For Artificial Insemination	N	Infertility	Excluded	Standard Exclusion	None
06/01/2021		HCPC	J0172	Inj. Aducanumab-Awva. 2 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2021		CPT	58750	Tubotubal Anastomosis	Y	Infertility	Excluded	Standard Exclusion	None
		CPT	0248U	Culture Of Brain Cancer Cells With 12 Drug Panel Testing For Tumor Response Prediction	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2021									
		CPT	0250U	Gene Analysis Of 505 Genes Associated With Solid Organ Cancer In Tumor Tissue Sample, Targeted Genomic Sequence Interrogation For Somatic Alterations, Microsatellite Instability And Tumor-Mutation Burden	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2021									
		CPT	0253U	Rna Gene Expression Profiling Of 238 Genes By Next-Generation Sequencing Specimen From Lining Of Womb To Evaluate Window Of Implantation For Embryo Transfer	N	Infertility	Excluded	Standard Exclusion	None
07/01/2021									
		CPT	0254U	Preimplantation Genetic Assessment Of Embryo By Gene Sequence Analysis Of 24 Chromosomes For Abnormal Chromosome Number	N	Infertility	Excluded	Standard Exclusion	None
07/01/2021									
		CPT	0255U	Evaluation Of Sperm Using Fluorescence Microscopic Evaluation Of Ganglioside Gm1 Distribution Patterns, Reported As Percentage Of Capacitated Sperm And Probability Of Generating Pregnancy Score	N	Infertility	Excluded	Standard Exclusion	None
10/01/2021									
03/01/2022		CPT	96910	Photocemotherapy; Tar And Uvb/Petrolatum And Uvb	N	Photo Therapy 2		Excluded with specific DX codes (see column H)	None
03/01/2022							<u>Photo Therapy 2 w.DX</u>		
03/01/2022		CPT	96912	Photocemotherapy; Psoralens And Ultraviolet A (Puva)	N	Photo Therapy 2		Excluded with specific DX codes (see column H)	None
03/01/2022							<u>Photo Therapy 2 w.DX</u>		
03/01/2022		CPT	96913	Photocemotherapy, 4-8 Hr, Direct Supervision, Phv	N	Photo Therapy 2		Excluded with specific DX codes (see column H)	None
04/01/2022		HCPC	H2038	Skills Training And Development, Per Diem	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2022		CPT	55400	Vasovasostomy, Vasovasorrhaphy	N	Infertility	Excluded	Standard Exclusion	None
		HCPC	A4596	Cranial Electrotherapy Stimulation (Ces) System Supplies And Accessories, Per Month	N	Behavioral TMS (transcranial magnetic stimulation)		Excluded with specific DX codes (see column H)	None
10/01/2022							<u>Behavioral TMS limitation</u>		
		HCPC	E0183	Powered Pressure Reducing Underlay/Pad, Alternating, With Pump, Includes Heavy Duty	N	Personal Care	Excluded	Standard Exclusion	None
10/01/2022									
10/01/2022		HCPC	J7999	Compound Drug Not Otherwise Classified	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2022		HCPC	T1032	Services Performed By A Doula Birth Worker, Per 15 Minutes	N	Miscellaneous		Standard Exclusion	None
10/01/2022							Excluded		
10/01/2022		HCPC	T1033	Services Performed By A Doula Birth Worker, Per Diem	N	Miscellaneous		Standard Exclusion	None
							Excluded		
		CPT	90678	Respiratory Syncytial Virus Vaccine, Pref, Subunit, Bivalent, For Intramuscular Use	N	Adult RSV		Excluded with specific DX codes, Age range (see column H, J)	0 - 59
01/01/2023							<u>RSV Limitation</u>		
		CPT	92066	Orthoptic Training; Under Supervision Of A Physician Or Other Qualified Health Care Professional	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2023									
		HCPC	C7900	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, Initial 15-29 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patient Is In Their Home, And There Is No Associated Professional Service	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2023									
		HCPC	C7901	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, Initial 30-60 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provided Mental Health Services Under Applicable State Law(S), When The Patient Is In Their Home, And There Is No Associated Professional Service	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2023									
		HCPC	C7902	Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder, Each Additional 15 Minutes, Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patient Is In Their Home, And There Is No Associated Professional Service (List Separately In Addition To Code For Primary	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2023									
01/01/2023		ODT	D0372	Intraoral Tomosynthesis - Comprehensive Series Of Radiographic Images	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023									
01/01/2023		CDT	D0373	Intraoral Tomosynthesis - Bitewing Radiographic Image	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023									
01/01/2023		CDT	D0374	Intraoral Tomosynthesis - Periapical Radiographic Image	N	DENTAL	Excluded	Standard Exclusion	None

	CDT	D0387	Intraoral Tomosynthesis - Comprehensive Series Of Radiographic Images - Image Capture Only	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D0388	Intraoral Tomosynthesis - Bitewing Radiographic Image - Image Capture Only	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D0389	Intraoral Tomosynthesis-Periapical Radiographic Image - Image Capture Only	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
01/01/2023	CDT	D0801	3D Dental Surface Scan - Direct	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023	CDT	D0802	3D Dental Surface Scan - Indirect	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023	CDT	D0803	3D Facial Surface Scan - Direct	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023	CDT	D0804	3D Facial Surface Scan - Indirect	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023	CDT	D4286	Removal Of Non-Resorbable Barrier	N	DENTAL	Excluded	Standard Exclusion	None
	CDT	D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D6106	Guided Tissue Regeneration - Resorbable Barrier, Per Implant	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D6107	Guided Tissue Regeneration - Non-Resorbable Barrier, Per Implant	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-Retained Implant Supported Prosthesis, Per Implant	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
01/01/2023	CDT	D7509	Marsupialization Of Odontogenic Cyst	N	DENTAL	Excluded	Standard Exclusion	None
	CDT	D7956	Guided Tissue Regeneration, Edentulous Area - Resorbable Barrier, Per Site	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D7957	Guided Tissue Regeneration, Edentulous Area - Non-Resorbable Barrier, Per Site	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D9953	Reline Custom Sleep Apnea Appliance (Indirect)	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2023								
	CDT	D0393	Treatment Simulation Using 3D Image Volume	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2017								
	HCPC	L8678	Molecular Diagnostic Test Reader, Nonprescription Self-Administered And Self-Collected Use, Fda Approved, Authorized Or Cleared	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2023								
	CPT	90679	Respiratory Syncytial Virus Vaccine, Pref, Recombinant, Subunit, Adjuvanted, For Intramuscular Use. 60 Years And Over	N	Adult RSV	<u>RSV Limitation</u>	Excluded with specific DX codes, Age range (see column H, J)	0 - 59
05/01/2023								
	CPT	0108U	Gastroenterology (Barrett'S Esophagus), Whole Slide-Digital Imaging, Including Morphometric Analysis, Computer-Assisted Quantitative Immunolabeling Of 9 Protein Biomarkers (P16, Amacr, P53, Cd68, Cox-2, Cd45Ro, Hif1A, Her-2, K20) And Morphology, Formalin-Fixed Paraffin-Embedded Tissue, Algorithm Reported As Risk Of Progression To High-Grade Dysplasia Or Cancer	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0354U	Human Papilloma Virus (Hpv), High-Risk Types (Ie, 16, 18, 31, 33, 45, 52 And 58) Qualitative Mrna Expression Of E6/E7 By Quantitative Polymerase Chain Reaction /Over	n	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023	06/30/2024							
	CPT	0720T	Percutaneous Electrical Nerve Field Stimulation, Cranial Nerves, Without Implantation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0731T	Augmentative Ai-Based Facial Phenotype Analysis With Report	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0740T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Initial Set-Up And Patient Education	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0741T	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Provision Of Software, Data Collection, Transmission, And Storage, Each 30 Days	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0770T	Virtual Reality Technology To Assist Therapy (List Separately In Addition To Code For Primary Procedure	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0771T	Virtual Reality (Vr) Procedural Dissociation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports, Requiring The Presence Of An Independent, Trained Observer To Assist In The Monitoring Of The Patient'S Level Of Dissociation Or Consciousness And Physiological Status; Initial 15 Minutes Of Intraservice Time, Patient Age 5 Years Or Older	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0772T	Virtual Reality (Vr) Procedural Dissociation Services Provided By The Same Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports, Requiring The Presence Of An Independent, Trained Observer To Assist In The Monitoring Of The Patient'S Level Of Dissociation Or Consciousness And Physiological Status; Each Additional 15 Minutes Intraservice Time (List Separately In Addition To Code For Primary Service)	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0773T	Virtual Reality (Vr) Procedural Dissociation Services Provided By A Physician Or Other Qualified Health Care Professional Other Than The Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports; Initial 15 Minutes Of Intraservice Time, Patient Age 5	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	0774T	Virtual Reality (Vr) Procedural Dissociation Services Provided By A Physician Or Other Qualified Health Care Professional Other Than The Physician Or Other Qualified Health Care Professional Performing The Diagnostic Or Therapeutic Service That The Vr Procedural Dissociation Supports; Each Additional 15 Minutes Intraservice Time (List Separately In Addition To Code For Primary	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	HCPC	A9291	Prescription Digital Cognitive And/Or Behavioral Therapy, Fda-Cleared, Per Course Of Treatment	N	Behavioral Health	Excluded	Standard Exclusion	None
07/01/2023								
	HCPC	C9784	Gastric Restrictive Procedure, Endoscopic Sleeve Gastroplasty, With Esophagogastroduodenoscopy And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring Components	N	Weight Loss	Excluded	Standard Exclusion	None
07/01/2023								
	HCPC	C9785	Endoscopic Outlet Reduction, Gastric Pouch Application, With Endoscopy And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring Components	N	Weight Loss	Excluded	Standard Exclusion	None
07/01/2023								
	HCPC	K0010	Standard - Weight Frame Motorized/Power Wheelchair	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2023								
	HCPC	K0012	Lightweight Portable Motorized/Power Wheelchair	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2023								
07/01/2023								
	HCPC	K0014	Other Motorized/Power Wheelchair Base	N	Miscellaneous	Excluded	Standard Exclusion	None
	HCPC	T1505	Electronic Medication Compliance Management Device, Includes All Components And Accessories, Not Otherwise Classified	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
07/01/2023								
	CPT	22586	Fusion Of Lower Spine Or Sacral Bone With Removal Of Disc Using Image Guidance	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023								
	CPT	33289	Insertion Of Wireless Pressure Sensor Into Lung Artery Through Tube With Review By Radiologist	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023								
	CPT	62263	Removal Of Spinal Canal Scar Tissue, Multiple Sessions Over 2 Days Or More	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023								

08/01/2023	CPT	91112	Gi Transit & Pres Meas Wireless Capsule W/Interp	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	92145	Cornea Hysteresis Determin Impulse Stimj Uni/Bi	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	92548	Computerized Dynamic Posturography Sensory Organization Test (Cdp-Sot), 6 Conditions (Ie, Eyes Open, Eyes Closed, Visual Sway, Platform Sway, Eyes Closed Platform Sway, Platform And Visual Sway), Including Interpretation And Report	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	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	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	93702	Bis Extracellular Fluid Alys Lymphedema Assmnt	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	93740	Temperature Gradient Studies	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	95803	Actigraphy Testing Recording Analysis I&R	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	95905	Motor &/Sens Nrv Cndj Preconf Eltrd Array Limb	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0126T	Common Carotid Intima-Media Thickness (Imt) Study For Evaluation Of Atherosclerotic Burden Or Coronary Heart Disease Risk Factor Assessment	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0322U	Neurology (Autism Spectrum Disorder [Asdj]), Quantitative Measurements Of 14 Acyl Carnitines And Microbiome-Derived Metabolites, Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms), Plasma, Results Reported As Negative Or Positive For Risk Of Metabolic Subtypes	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0325U	Oncology (Ovarian), Spheroid Cell Culture, Poly (Adp-Ribose) Polymerase (Parp) Inhibitors (Niraparib, Olaparib, Rucaparib, Velparib), Tumor Response Prediction For Each Drug	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0397T	Ercp W/Optical Endomicroscopy	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0398T	Magnetic Resonance Image Guided High Intensity Focused Ultrasound (Mrgfus), Stereotactic Ablation Lesion, Intracranial For Movement Disorder Including Stereotactic Navigation And Frame Placement When Apprproach	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0449T	Insertion Of Aqueous Drainage Device, Without Extraocular Reservoir, Internal Approach, Into The Subconjunctival Space; Initial Device	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0450T	*Each Additional Device	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0565T	Autologous Cellular Implant Derived From Adipose Tissue For The Treatment Of Osteoarthritis Of The Knees; Tissue Harvesting And Cellular Implant Creation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0566T	Autologous Cellular Implant Derived From Adipose Tissue For The Treatment Of	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0602T	Glomerular Filtration Rate (Gfr) Measurement(S), Transdermal, Including Sensor Placement And Administration Of A Single Dose Of Fluorescent Pyrazine Agent	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0603T	Glomerular Filtration Rate (Gfr) Monitoring, Transdermal, Including Sensor Placement And Administration Of More Than One Dose Of Fluorescent Pyrazine Agent, Each 24 Hours	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0623T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Data Preparation And Transmission, Computerized Analysis Of Data, With Review Of Computerized Analysis Output To Reconci	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0624T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Data Preparation And Transmission	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0625T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Computerized Analysis Of Data From Coronary Computed Tomographic	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0626T	Automated Quantification And Characterization Of Coronary Atherosclerotic Plaque To Assess Severity Of Coronary Disease, Using Data From Coronary Computed Tomographic Angiography; Review Of Computerized Analysis Output To Reconcile Discordant Data, Interpretation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0695T	Body Surface-Activation Mapping Of Cardiac Resynchronization Therapy Device, With Review, And Report, At Time Of Implant Or Replacement	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0696T	Body Surface-Activation Mapping Of Cardiac Resynchronization Therapy Device, With Review, And Report, At Time Of Follow-Up Device Evaluation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0717T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Adipose Tissue Harvesting, Isolation And Preparation Of Harvested Cells, Including Incubation With Cell Dissociation Enzymes, Filtration, Washing And Assessment	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0718T	Autologous Adipose-Derived Regenerative Cell (Adrc) Therapy For Partial Thickness Rotator Cuff Tear; Injection Into Supraspinatus Tendon Including Ultrasound Guidance, Unilateral	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0737T	Xenograft Implantation Into The Articular Surface	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0745T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Noninvasive Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus), Derived From Anatomical Image Data (Eg, Ct, Mri, Or Myocardial Perfusion Scan) And Electrical Data (Eg, 12-Lead Ecg Data), And	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0746T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Conversion Of Arrhythmia Localization And Mapping Of Arrhythmia Site (Nidus) Into A Multidimensional Radiation Treatment Plan	N	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023	CPT	0747T	Cardiac Focal Ablation Utilizing Radiation Therapy For Arrhythmia; Delivery Of Radiation Theraov. Arrhythmia	N	Experimental & Investigational	Excluded	Standard Exclusion	None

	CPT	0764T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg, Low-Ejection Fraction, Pulmonary Hypertension, Hypertrophic Cardiomyopathy); Related To Concurrently Performed Electrocardiogram (List Separately In Addition To Code For Primary Procedure)	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	CPT	0765T	Assistive Algorithmic Electrocardiogram Risk-Based Assessment For Cardiac Dysfunction (Eg, Low-Ejection Fraction, Pulmonary Hypertension, Hypertrophic Cardiomyopathy); Related To Previously Performed Electrocardiogram	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	C1821	Interspinous Implant	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	C2624	Impl Wireless Pulm Artery Press Sensor Del Cath	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	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	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	C9781	Arthroscopy, Shoulder, Surgical; With Implantation Of Subacromial Spacer (E.G., Balloon), Includes Debridement (E.G., Limited Or Extensive), Subacromial Decompression, Acromioplasty, And Biceps Tenodesis When Performed	N	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	G0281	Electrical Stimulation, (Unattended), To One Or Mo	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	G0282	Electrical Stimulation, (Unattended), To One Or Mo	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	G0295	Electromagnetic Therapy, To One Or More Areas, For	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	G0329	Electromagnetic Therapy, To One Or More Areas For	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	L2755	Addition To Lower Extremity Orthosis, High Strengt	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	L8612	Aqueous Shunt	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	L8701	Elbow, Wrist, Hand Device, Powered, With Single Or Double Upright(S), Any Type Joint(S), Includes Microprocessor, Sensors, All Components And Accessories	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	HCPC	L8702	Elbow, Wrist, Hand, Finger Device, Powered, With Single Or Double Upright(S), Any Type Joint(S), Includes Microprocessor, Sensors, All Components And Accessories	n	Experimental & Investigational	Excluded	Standard Exclusion	None	
08/01/2023	06/30/2024	HCPC	S1034	Art Pancreas System	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		HCPC	S1035	Art Pancreas Inv Disp Sensor	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		HCPC	S1036	Art Pancreas Ext Transmitter	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		HCPC	S1037	Art Pancreas Ext Receiver	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		HCPC	S8130	Interferential Current Stimulator 2 Channel	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		HCPC	S8131	Interferential Current Stimulator 4 Channel	n	Experimental & Investigational	Excluded	Standard Exclusion	None
08/01/2023		CPT	0008U	Helicobacter Pylori Detection And Antibiotic Resistance, Dna, 16S And 23S Rrna, Gyra, Pbp1, Rdxa And RpoB, Next-Generation Sequencing, Formalin-Fixed Paraffin-Embedded Or Fresh Tissue Or Fecal Sample, Predictive, Reported As Positive Or Negative For Resistance To Clarithromycin, Fluoroquinolones, Metronidazole, Amoxicillin, Tetracycline, And Rifabutin	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0096U	Human Papillomavirus (Hpv), High-Risk Types (Ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68), Male Urine	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0219U	Infectious Agent (Human Immunodeficiency Virus), Targeted Viral Next-Generation Sequence Analysis (Ie, Protease [Pr], Reverse Transcriptase [Rt], Integrase [Int]), Algorithm Reported As Prediction Of Antiviral Drug Susceptibility	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0407U	Nephrology (Diabetic Chronic Kidney Disease [Ckd]), Multiplex Electrochemiluminescent Immunoassay (Eclia) Of Soluble Tumor Necrosis Factor Receptor 1 (Stnfr1), Soluble Tumor Necrosis Receptor 2 (Stnfr2), And Kidney Injury Molecule 1 (Kim-1) Combined With Clinical Data, Plasma, Algorithm Reported As Risk For Progressive Decline In Kidney Function	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0408U	Infectious Agent Antigen Detection By Bulk Acoustic Wave Biosensor Immunoassay, Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19])	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0412U	Beta Amyloid, Ab42/40 Ratio, Immunoprecipitation With Quantitation By Liquid Chromatography With Tandem Mass Spectrometry (Lc-Ms/Ms) And Qualitative Apoe Isoform-Specific Proteotyping, Plasma Combined With Age, Algorithm Reported As Presence Or Absence Of Brain Amyloid	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0415U	Cardiovascular Disease (Acute Coronary Syndrome [Acs]), Il-16, Fas, Fasligand, Hgf, Ctxck, Eotaxin, And Mcp-3 By Immunoassay Combined With Age, Sex, Family History, And Personal History Of Diabetes, Blood, Algorithm Reported As A 5-Year (Deleted	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0416U	Infectious Agent Detection By Nucleic Acid (Dna), Genitourinary Pathogens, Identification Of 20 Bacterial And Fungal Organisms, Including Identification Of 20 Associated Antibiotic-Resistance Genes, If Performed, Multiplex Amplified Probe Technique, Urine	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		CPT	0418U	Oncology (Breast), Augmentative Algorithmic Analysis Of Digitized Whole Slide Imaging Of 8 Histologic And Immunohistochemical Features, Reported As A Recurrence Score	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		HCPC	K1036	Supplies And Accessories (E.G., Transducer) For Low Frequency Ultrasonic Diathermy Treatment Device. Per Month	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2023		CPT	43290	Esophagogastroduodenoscopy, Flexible, Transoral; With Deployment Of Intra gastric Bariatric Balloon	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024		CPT	43291	Esophagogastroduodenoscopy, Flexible, Transoral; With Removal Of Intra gastric Bariatric Balloon	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024		CPT	62287	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Any Method, Single Or Multiple Levels, Lumbar (E.G., Manual Or Automated Percutaneous Discectomy, Percutaneous Laster	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024		CPT	62291	Injection Procedure For Discography, Each Level; Cervical Or Thoracic	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024		CPT	72285	Discography, Cervical Or Thoracic, Radiological Supervision And Interpretation	N	Experimental & Investigational	Excluded	Standard Exclusion	None

01/01/2024	CPT	81517	Liver Disease, Analysis Of 3 Biomarkers (Hyaluronic Acid [Ha], Procollagen Iii Amino Terminal Peptide [Piiip], Tissue Inhibitor Of Metalloproteinase 1 [Timp-1]), Using Immunoassays, Utilizing Serum, Prognostic Algorithm Reported As A Risk Score And Risk Of Liver Fibrosis And Liver-Related Clinical	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	82166	Anti-Mullerian Hormone (Amh)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	92972	Percutaneous Transluminal Coronary Lithotripsy (List Separately In Addition To Code For Primary Procedure)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	97550	Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, Problem Solving, Safety Practices) (Without The Patient Present), Face To Face;	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	97551	Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, Problem Solving, Safety Practices) (Without The Patient Present), Face To Face; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Service)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	97552	Group Caregiver Training In Strategies And Techniques To Facilitate The Patient'S Functional Performance In The Home Or Community (Eg, Activities Of Daily Living [Adls], Instrumental Adls [Iadls], Transfers, Mobility, Communication, Swallowing, Feeding, Problem Solving, Safety Practices) (Without The Patient Present), Face To Face With Multiple Sets Of Caregivers	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	0247T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Our Without Ligamentous Resection, Discectomy Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (E.G., Fluoroscopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Cervical Or Thoracic	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	0275T	Percutaneous Laminotomy/Laminectomy (Interlaminar Approach) For Decompression Of Neural Elements, (With Our Without Ligamentous Resection, Discectomy Facetectomy And/Or Foraminotomy), Any Method, Under Indirect Image Guidance (E.G., Fluoroscopic, Ct), Single Or Multiple Levels, Unilateral Or Bilateral; Lumbar	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	0338T	Destruction Of Nerves Of Arteries Of Both Kidneys Accessed Through The Skin With Fluoroscopy And Radiological Supervision	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	0339T	Destruction Of Nerves Of Arteries Of One Kidney Accessed Through The Skin With Fluoroscopy And Radiological Supervision	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	0813T	Esophagogastroduodenoscopy, Flexible, Transoral, With Volume Adjustment Of Intraesatric Bariatric Balloon	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	HCPC	A4287	Disposable Collection And Storage Bag For Breast Milk, Any Size, Any Type, Each	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2024	HCPC	D0396	3D Printing Of A 3D Dental Surface Scan	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	HCPC	D1301	Immunization Counseling	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	HCPC	D2976	Band Stabilization - Per Tooth	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	HCPC	D2989	Excavation Of A Tooth Resulting In The Determination Of Non-Restorability	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	HCPC	D2991	Application Of Hydroxyapatite Regeneration Medicament - Per Tooth	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D6089	Accessing And Retorquing Loose Implant Screw - Per Screw	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D7284	Excisional Biopsy Of Minor Salivary Glands	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D7939	Indexing For Osteotomy Using Dynamic Robotic Assisted Or Dynamic Navigation	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9938	Fabrication Of A Custom Removable Clear Plastic Temporary Aesthetic Appliance	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9939	Placement Of A Custom Removable Clear Plastic Temporary Aesthetic Appliance	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9954	Fabrication And Delivery Of Oral Appliance Therapy (Oat) Morning Repositioning Device	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9955	Oral Appliance Therapy (Oat) Titration Visit	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9956	Administration Of Home Sleep Apnea Test	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	CDT	D9957	Screening For Sleep Related Breathing Disorders	N	DENTAL	Excluded	Standard Exclusion	None
01/01/2024	HCPC	E0492	Power Source And Control Electronics Unit For Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Controlled By Phone Application	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	HCPC	E0493	Oral Device/Appliance For Neuromuscular Electrical Stimulation Of The Tongue Muscle, Used In Conjunction With The Power Source And Control Electronics Unit, Controlled By Phone Application, 90-Day Supply	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	HCPC	E0530	Electronic Positional Obstructive Sleep Apnea Treatment, With Sensor, Includes All Components And Accessories, Any Type	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	HCPC	E1301	Whirlpool Tub, Walk-In, Portable	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2024	HCPC	J0174	Injection, Lecanemab-Irmb, 1 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	HCPC	L5615	Addition, Endoskeletal Knee-Shin System, 4 Bar Linkage Or Multiaxial, Fluid Swing And Stages Phase Control	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2024	HCPC	L5926	Addition To Lower Extremity Prosthesis, Endoskeletal, Knee Disarticulation, Above Knee, Hip Disarticulation, Positional Rotation Unit, Any Type	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
01/01/2024	CPT	S2348	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Using Radiofrequency Energy, Single Or Multiple Levels, Lumbar	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2024	CPT	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2024	CPT	30117	Excision Or Destruction (Eg, Laser), Intranasal Lesion: Internal Approach	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	CPT	30468	Repair Of Nasal Valve Collapse With Subcutaneous/Submucosal Lateral Wall Implant(S)	N	Physical Appearance	Excluded	Standard Exclusion	None
04/01/2024	CPT	30801	Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	CPT	64596	Insertion Or Replacement Of Percutaneous Electrode Array, Peripheral Nerve, With Integrated Neurostimulator, Including Imaging Guidance, When Performed; Initial Electrode Array	N	Experimental & Investigational	Excluded	Standard Exclusion	None

	CPT	64597	Insertion Or Replacement Of Percutaneous Electrode Array, Peripheral Nerve, With Integrated Neurostimulator, Including Imaging Guidance, When Performed; Each Additional Electrode Array (List Separately In Addition To Code For Primary Procedure)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	64598	Revision Or Removal Of Neurostimulator Electrode Array, Peripheral Nerve, With Integrated Neurostimulator	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	64628	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; First 2 Vertebral Bodies, Lumbar Or Sacral	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	64629	Thermal Destruction Of Intraosseous Basivertebral Nerve, Including All Imaging Guidance; Each Additional Vertebral Body, Lumbar Or Sacral (List Separately In Addition To Code For Primary Procedure)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	75571	Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	78800	Radiopharmaceutical Localization Of Tumor, Inflammatory Process Or Distribution Of Radiopharmaceutical Agent(S) (Includes Vascular Flow And Blood Pool Imaging, When Performed); Planar, Single Area (Eg, Head, Neck, Chest, Pelvis), Single Day Imaging	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	0100T	Placement Of A Subconjunctival Retinal Prosthesis Receiver And Pulse Generator, And Implantation Of Intraocular Retinal Electrode Array With Vitrectomy	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	0662T	Scalp Cooling, Mechanical; Initial Measurement And Calibration Of Cap	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	0663T	Scalp Cooling, Mechanical; Placement Of Device, Monitoring, And Removal Of Device (List Separately In Addition To Code For Primary Procedure)	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2024								
	CPT	0673T	Ablation, Benign Thyroid Nodule(S), Percutaneous, Laser, Including Imaging Guidance	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	A4271	Integrated Lancing And Blood Sample Testing Cartridges For Home Blood Glucose Monitor, Per Month	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	A4457	Enema Tube, With Or Without Adapter, Any Type, Replacement Only, Each	N	Personal Care	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	A7023	Mechanical Allergen Particle Barrier/Inhalation Filter, Cream, Nasal, Topical	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	A9293	Fertility Cycle (Contraception & Conception) Tracking Software Application, Fda Cleared, Per Month, Includes Accessories (E.G., Thermometer)	N	Infertility	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C1600	Catheter, Transluminal Intravascular Lesion Preparation Device, Bladed, Sheathed (Insertable)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C1601	Endoscope, Single-Use (I.E. Disposable), Pulmonary, Imaging/Illumination Device (Insertable)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C1602	Orthopedic/Device/Drug Matrix/Absorbable Bone Void Filler, Antimicrobial-Eluting (Implantable)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C1603	Retrieval Device, Insertable, Laser (Used To Retrieve Intravascular Inferior Vena Cava Filter)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C1604	Graft, Transmural Transvenous Arterial Bypass (Implantable), With All Delivery System Components	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7556	Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage And Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral Lesion(S), Including Fluoroscopic Guidance, When Performed	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7557	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed And Intraprocedural Coronary Fractional Flow Reserve (Ffr) With 3D Functional Mapping Of Color-Coded Ffr Values For The Coronary Tree, Derived From Coronary Angiogram Data, For Real-Time Review And Interpretation Of Possible Atherosclerotic Stenosis(Es) Intervention	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7558	Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administration	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7560	Endoscopic Retrograde Cholangiopancreatography (ErCP) With Removal Of Foreign Body(S) Or Stent(S) From Biliary/Pancreatic Duct(S) And Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Duct(S)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7561	Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Drug-Delivery Device(S), Deep (E.G. Subfascial)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C7903	Group Psychotherapy Service For Diagnosis, Evaluation, Or Treatment Of A Mental Health Or Substance Use Disorder Provided Remotely By Hospital Staff Who Are Licensed To Provide Mental Health Services Under Applicable State Law(S), When The Patient Is In Their Home, And There Is No Associated Professional Service	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C9793	3D Predictive Model Generation For Pre-Planning Of A Cardiac Procedure, Using Data From Cardiac Computed Tomographic Angiography With Report	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
	HCPC	C9794	Therapeutic Radiology Simulation-Aided Field Setting; Complex, Including Acquisition Of Pet And Ct Imaging Data Required For Radiopharmaceutical-Directed Radiation Therapy Treatment Planning (I.E., Modeling)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								

	HCPC	C9795	Stereotactic Body Radiation Therapy, Treatment Delivery, Per Fraction To 1 Or More Lesions, Including Image Guidance And Real-Time Positron Emissions-Based Delivery Adjustments To 1 Or More Lesions, Entire Course Not To Exceed 5 Fractions	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
04/01/2024	HCPC	E0152	Walker, Battery Powered, Wheeled, Folding, Adjustable Or Fixed Height	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2024	HCPC	E0732	Cranial Electrotherapy Stimulation (Ces) System, Any Type	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	HCPC	E0733	Transcutaneous Electrical Nerve Stimulator For Electrical Stimulation Of The Trigeminal Nerve	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
04/01/2024	HCPC	E0734	External Upper Limb Tremor Stimulator Of The Peripheral Nerves Of The Wrist	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	HCPC	E0735	Non-Invasive Vagus Nerve Stimulator	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	HCPC	E0736	Transcutaneous Tibial Nerve Stimulator	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	HCPC	E2001	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine Management System	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2024			Home Blood Glucose Monitor For Use With Integrated Lancing/Blood Sample Testing Cartridge	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2024	HCPC	E2104						
			Complex Rehabilitative Power Wheelchair Accessory, Power Seat Elevation System, Any Type	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2024	HCPC	E2298						
04/01/2024	HCPC	H0051	Traditional Healing Service	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	HCPC	J0217	Injection, Velmanase Alfa-Tyov, 1 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024	HCPC	J9056	Injection, Bendamustine Hcl (Vivimusta), 1 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
			Docking Station For Use With Oral Device/Appliance Used To Reduce Upper Airway Collapsibility	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
04/01/2024	HCPC	K1037						
04/01/2024	HCPC	S2107	Adoptive Immunotherapy I.E. Development Of Specific	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	HCPC	S8080	Scintimammography (Radioimmunoscintigraphy Of The Breast), Unilateral, Including Supply Of Radiopharmaceutical	N	Experimental & Investigational	Excluded	Standard Exclusion	None
04/01/2024								
07/01/2024	CPT	80050	Genral Panel	N	Miscellaneous	Excluded	Standard Exclusion	None
	CPT	0020M	Oncology (Central Nervous System), Analysis Of 30000 Dna Methylation Loci By Methylation Array, Utilizing Dna Extracted From Tumor Tissue, Diagnostic Algorithm Reported As Probability Of Matching A Reference Tumor Subclone	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024								
07/01/2024	CPT	0274T	Percutaneous Endoscopic Lumbar Discectomy Image Guide Cerv/Thorac	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0468U	Hepatology (Nonalcoholic Steatohepatitis [Nash]), Mir-34A-5P, Alpha 2-Macroglobulin, Ykl40, Hba1C, Serum And Whole Blood, Algorithm Reported As A Single Score For Each Activity And Ethnicity	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024								
07/01/2024	CPT	0591T	Health And Well-Being Coaching Face-To-Face; Individual, Initial Assessment	N	Experimental & Investigational	Excluded	Standard Exclusion	None
	CPT	0592T	Health And Well-Being Coaching Face-To-Face; Individual, Follow-Up Session, At Least 30 Minutes	N	Experimental & Investigational	Excluded	Standard Exclusion	None
07/01/2024								
07/01/2024	HCPC	C9734	U/Sttrmt, Not Leiomyomata	N	Experimental & Investigational	Excluded	Standard Exclusion	None
			Wheelchair Accessory, Shldr Elb M Arm Supp Adjustbl Rancho	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
07/01/2024	HCPC	E2627						
	HCPC	G0519	Management Of New Patient-Caregiver Dyad With Dementia, Low Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Management Of New Patient-Caregiver Dyad With Dementia, Moderate Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0520						
	HCPC	G0521	Management Of New Patient-Caregiver Dyad With Dementia, High Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Management Of A New Patient With Dementia, Low Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0522						
	HCPC	G0523	Management Of A New Patient With Dementia, Moderate To High Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Management Of Established Patient-Caregiver Dyad With Dementia, Low Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0524						
	HCPC	G0525	Management Of Established Patient-Caregiver Dyad With Dementia, Moderate Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Management Of Established Patient-Caregiver Dyad With Dementia, High Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0526						
	HCPC	G0527	Management Of Established Patient With Dementia, Low Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Management Of Established Patient With Dementia, Moderate To High Complexity, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0528						
	HCPC	G0529	In-Home Respite Care, 4-Hour Unit, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Adult Day Center, 8-Hour Unit, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G0530						
	HCPC	G0531	Facility-Based Respite, 24-Hour Unit, For Use In Cmml Model	N	Types of Care	Excluded	Standard Exclusion	None
07/01/2024			Interprofessional Telephone/Internet/Electronic Health Record Clinical Question/Request For Specialty Recommendations By A Treating/Requesting Physician For The Care Of The Patient (I.E. Not For Professional Education Or Scheduling) 30 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024								
	HCPC	G9038	Co-Management Services With The Following Elements: New Diagnosis Or Acute Exacerbation And Stabilization Of Existing Condition; Condition Expected To Last At Least 3 Months; Comprehensive Care Plan Established And Documented	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024								
07/01/2024	HCPC	J2267	Injection, Mirikizumab-Mrkz, 1 Mg	N	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024	HCPC	G1613	Prosthesis, Penile, Inflatable	N	Gender Reassignment- Gender	Gender-Reassing DX list	Excluded with specific DX codes (see column H)	None
07/01/2024	HCPC	G2622	Prosthesis, Penile, Noninflatable	N	Gender Reassignment- Gender	Gender-Reassing DX list	Excluded with specific DX codes (see column H)	None
07/01/2024								
	CPT		Removal Of Nerves To Chest Cavity Using An Endoscope	N	Hyperhidrosis (Excessive Sweating)	Hyperhidrosis DX List	Excluded with specific DX codes (see column H)	None
07/01/2024		32664						
	CPT	64818						
07/01/2024			Removal Of Lower Spine Sympathetic Nerves	N	Hyperhidrosis (Excessive Sweating)	Hyperhidrosis DX List	Excluded with specific DX codes (see column H)	None
07/01/2024	HCPC	S9433	Med Food Nutr Cmpl Oral 100% Nutritnl Intake	Y	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024	HCPC	S9433	Med Food Nutr Cmpl Oral 100% Nutritnl Intake	Y	Miscellaneous	Excluded	Standard Exclusion	None
07/01/2024	HCPC	T2034	Crisis Intervention, Waiver; Per Diem Excision, Excessive Skin And Subq Tissue (W/Lipect	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	CPT	15831						
10/01/2024	CPT	15832	Removal Of Extra Skin And Tissue Of Thigh	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024	CPT	15833	Removal Of Extra Skin And Tissue Of Leg	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024	CPT	15834	Removal Of Extra Skin And Tissue Of Hip	N	Physical Appearance	Excluded	Standard Exclusion	None
		15835						
10/01/2024	CPT		Removal Of Extra Skin And Tissue Of Buttock	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024	CPT	15836	Removal Of Extra Skin And Tissue Of Arm	N	Physical Appearance	Excluded	Standard Exclusion	None
		15837	Removal Of Extra Skin And Tissue Of Forearm Or Hand	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024	CPT		Removal Of Extra Skin And Tissue Of Other Area	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024	CPT	15839						

10/01/2024		CPT	21086	Impression And Custom Preparation Of Outer Ear Prosthesis	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	21175	Repair Of Bony Defect Of Lower Forehead And Both Outer Portions Of Eye Bones	N	Miscellaneous	Excluded	Standard Exclusion	None
			21208	Incision And Repair Of Bony Defect Of Cheek Bone With Repositioning Of Bony Segment	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	36482	Chemical Destruction Of First Incompetent Vein Of Arm Or Leg Using Imaging Guidance	N	Experimental & Invest	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	CPT	36483	Chemical Destruction Of Subsequent Incompetent Veins Of Arm Or Leg Using Imaging Guidance	N	Experimental & Invest	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024					Experimental & Invest			
10/01/2024		CPT	41825	Removal Of Dental Bone Growth	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	41826	Excision, Lesion/Tumor (Except Listed Above), Dent	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	41827	Removal Of Growth Of Dental Bone Growth With Complex Repair	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCFC	S0516	Safety Eyeglass Frames		Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
10/01/2024		HCFC	S0518	Sunglasses Frames		Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
10/01/2024			99072	Additional Supplies, Materials, And Clinical Staff Time Over And Above Those Usually Included In An Office Visit Or Other Non-Facility Service(S)	N			Standard Exclusion	None
10/01/2024		CPT	0249U	Analysis Of 32 Phosphoproteins And Protein Analytes Associated With Breast Cancer, With Interpretation And Report	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	15878	Suction Assisted Removal Of Fat Of Arm	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024		CPT	30465	Repair Of Nasal Passage	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024			30469	Repair Of Nasal Valve Collapse With Low Energy, Temperature-Controlled (Ie, Radiofrequency) Subcutaneous/Submucosal Remodeling	N	Physical Appearance	Excluded	Standard Exclusion	None
10/01/2024		CPT	92081	Visual Field Exam, Unilat/Bilat W/Interpretation A	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99050	Services After Posted Office Hours, And Basic Ser	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99051	Services Provided In The Office During Regularly S	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99052	Services Between 10:00 Pm - 8:00 Am, And Basic Se	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99053	Service Provided Between 10:00 Pm And 8:00 Am At	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99054	Services On Sundays Andand Holidays, And Basic Se	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99056	Non-Office Medical Services, Patient Request, Norm	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99058	Office Services, Emergency Basis	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024			99060	Services Provided On An Emergency Basis; In Additi	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99450	Basic Life And/Or Disability Examination	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99455	Work-Related Or Medical Disability Examination By The Treating Physician	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		CPT	99456	Work-Related Or Medical Disability Examination By Other Than The Treating Physician	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	A2027	Matriderm, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	A2028	Micromatrix Flex, Per Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	A2029	Mirottract Wound Matrix Sheet, Per Cubic Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	A4235	Replacement Battery, Lithium, For Use With Medical	N	Personal Care	Excluded	Standard Exclusion	None
10/01/2024		HCPC	A4236	Replacement Battery, Silver Oxide, For Use With Me	N	Personal Care	Excluded	Standard Exclusion	None
10/01/2024		HCFC	S0516	Safety Eyeglass Frames		Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
10/01/2024		HCFC	S0518	Sunglasses Frames		Child Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	0-18
10/01/2024			E3200	Gait Modulation System, Rhythmic Auditory Stimulation, Including Restricted Therapy Software, All Components And Accessories, Prescription Only	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	G0162	Skilled Svc Rn M & E Plan Of Care; Ea 15 Mins	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	K0013	Custom Motorized/Power Wheelchair Base	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8616	Microphone For Use With Cochlear Implant Device, R	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8617	Transmitting Coil For Use With Cochlear Implant De	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8618	Transmitter Cable For Use With Cochlear Implant De	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8621	Zinc Air Battery For Use With Cochlear Implant Dev	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8622	Alkaline Battery For Use With Cochlear Implant Dev	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8623	Lithium Ion Battery For Use With Cochlear Implant	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8624	Lithium Ion Battery For Use With Cochlear Implant	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8625	External Recharging System For Battery For Use With Cochlear Implant Or Auditory Osseointegrated Device, Replacement Only, Each	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8691	Aud Osseo Dev Ext Snd Procs	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8692	Auditory Osseointegrated Dev Ext Sound Body Worn	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8693	Aud Osseointegrated Devc Abut Length Repl Only	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8694	Auditory Osseointegrated Device, Transducer/Actuator, Replacement Only, Each	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8695	External Recharg Sys Extern	N	Cochlear Implant	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8696	Antenna For Use W/Impl Dia/Pn St Dev Repl Ea	N	Cochlear Implant	Excluded	Standard Exclusion	None
			L8720	External Lower Extremity Sensory Prosthesis, Cutaneous Stimulation Of Mechanoreceptors	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	L8721	Proximal To The Ankle, Per Leg Receptor Sole For Use With L8720, Replacement, Each	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4122	Dermacell, Dermacell Awm Or Dermacell Awm Porous, Per Square Centimeter	N	Experimental & Invest	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4334	Amnioplast 1, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4335	Amnioplast 2, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4336	Artacent C, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4337	Artacent Trident, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/204	HCPC	Q4338	Artacent Velos, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4339	Artacent Vericlen, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4340	Simpligraft, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4341	Simplimax, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4342	Theramend, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4343	Dermacyte Ac Matrix Amniotic Membrane Allograft, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4344	Tri-Membrane Wrap, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024	12/31/2024	HCPC	Q4345	Matrix Hd Allograft Dermis, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2024		HCPC	S5185	Medication Reminder Service, Non-Face-To-Face; Per	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	S8301	Infection Control Supplies, Not Otherwise Specifie	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	S8415	Supplies For Home Delivery Of Infant	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024		HCPC	S9443	Lactation Classes, Non-Physician Provider, Per Ses	N	Miscellaneous	Excluded	Standard Exclusion	None

10/01/2024	HCPC	S9470	Nutritional Counseling, Dietitian Visit	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	S9901	Services By A Journal-Listed Cs Nurse Per Hr	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	S9976	Lodging, Per Diem, Not Otherwise Classified	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	S9981	Medical Records Copying Fee, Administrative	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	S9982	Medical Records Copying Fee, Per Page	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	S9986	Not Medically Necessary Service (Patient Is Aware	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T1016	Case Management, Each 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T1017	Targeted Case Management, Each 15 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T2002	Non-Emergency Transportation; Per Diem	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T2003	Non-Emergency Transportation; Encounter/Trip	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T2004	Non-Emergency Transport; Commercial Carrier, Multi	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T2005	Non-Emergency Transportation; Stretcher Van	N	Travel	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T2034	Crisis Intervention, Waiver; Per Diem	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4521	Adult Sized Disposable Incontinence Product, Brief	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4522	Adult Sized Disposable Incontinence Product, Brief	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4523	Adult Sized Disposable Incontinence Product, Brief	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4524	Adult Sized Disposable Incontinence Product, Brief	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4525	Adult Sized Disposable Incontinence Product, Prote	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4526	Adult Sized Disposable Incontinence Product, Prote	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4527	Adult Sized Disposable Incontinence Product, Prote	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4528	Adult Sized Disposable Incontinence Product, Prote	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4529	Pediatric Sized Disposable Incontinence Product, B	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4530	Pediatric Sized Disposable Incontinence Product, B	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4531	Pediatric Sized Disposable Incontinence Product, P	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4532	Pediatric Sized Disposable Incontinence Product, P	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4533	Youth Sized Disposable Incontinence Product, Brief	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4534	Youth Sized Disposable Incontinence Product, Prote	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4535	Disposable Liner/Shield/Guard/Pad/Undergarment, Fo	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4536	Incontinence Product, Protective Underwear/Pull-On	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4537	Incontinence Product, Protective Underpad, Reusabl	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4538	Diaper Service, Reusable Diaper, Each Diaper	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4539	Incontinence Product, Diaper/Brief, Reusable, Any	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4540	Incontinence Product, Protective Underpad, Reusabl	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4541	Incontinence Product, Disposable Underpad, Large,	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4542	Incontinence Product, Disposable Underpad, Small S	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4543	Disp Bariatric Brief/Diaper	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	T4544	Adult Size Dispbl Incont Pullup Abve Extra Lg Ea	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2024	HCPC	21085	Impression And Custom Preparation Of Oral Surgical Splint	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	21199	Incision Or Partial Removal Of Lower Jaw Bone And Movement Of Tongue Muscle	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	21248	Reconstruction Of Part Of Lower Or Upper Jaw Bone With Implant	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	21249	Complete Reconstruction Of Lower Or Upper Jaw Bone With Jaw Bone Implant (Endosteal)	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	41805	Removal Of Embedded Foreign Body In Soft Tissue Of Tooth Bearing Bone	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	41806	Removal Of Foreign Body In Dental Bone	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	CPT	41850	Destruction Of Growth Of Structure Supporting Teeth	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
10/01/2024	HCPC	A5514	For Diabetics Only, Multiple Density Insert, Made By Direct Carving With Cam Technology From A Rectified Cad Model Created From A Digitized Scan Of The Patient, Total Contact With Patient""S Foot	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
10/01/2024	HCPC	L3100	Hallus-Valgus Night Dynamic Splint	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
10/01/2024	HCPC	L3455	Heel, New Leather, Standard	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
10/01/2024	HCPC	L3465	Heel, Thomas With Wedge	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
10/01/2024	HCPC	L3640	Transfer Of An Orthosis From One Shoe To Another,	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
10/01/2024	HCPC	V5273	Assistive Listening Device, For Use With Cochlear	N	Cochlear Implant	Excluded	Standard Exclusion	None
01/01/2016	REV	0256	Experimental Drugs	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	REV	0624	Fda Investigational Devices	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	83090	Homocystine	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	83704	Lipoprotein, Blood, Quantitation Of	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	86141	Lipoprotein Pa C-Reactive Protein; High Sensitivity (Hscrp)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	86352	Cellular Function Assay Stimul&Detect	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	91117	Colon Motility Stdy Min 6 Hr Cont Record W/I&R	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	93895	Carotid Intima Media & Carotid Atheroma Eval Bi	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	93982	Noninv Phys Stdy Impl Wirelss Press Snsr Aneurysm	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96931	Rcm Celulr & Subcelulr Skn Imngng Img Acq I&R 1St	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96932	Rcm Celulr & Subcelulr Skn Imngng Img Acquisition	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96933	Rcm Celulr & Subcelulr Skn Imngng I&R 1St Les	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96934	Rcm Celulr & Subcelulr Skn Imngng Img Acq I&R Addl	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96935	Rcm Celulr & Subcelulr Skn Imngng Img Acq Ea Addl	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	96936	Rcm Celulr & Subcelulr Skn Imngng I&R Ea Addl	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	99071	Educational Supplies Prv By The Phys At Cost	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	99075	Medical Testimony	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	99080	Special Reports/Insurance Forms	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	CPT	99082	Unusual Travel	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	HCPC	A4575	Topical Hyperbaric Oxygen Chamber, Disposable	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	HCPC	C9724	Endoscopic Gastroplasty/Gastroplcation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	HCPC	C9727	Insertion Of Implants Into The Soft Palate; Minimu	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	HCPC	C9737	Laparoscopy Surg Esophageal Sphincter Aug W/Devc	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016	HCPC	E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustm	N	Personal Care	Excluded	Standard Exclusion	None

01/01/2016		HCPC	E0265	Hospital Bed, Total Electric (Head, Foot And Height)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0266	Hospital Bed, Total Electric (Head, Foot And Height)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0271	Mattress, Innerspring	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0272	Mattress, Foam Rubber	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustm	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustm	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0296	Hospital Bed, Total Electric (Head, Foot And Height)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0297	Hospital Bed, Total Electric (Head, Foot And Height)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0298	Hospital Bed, Heavy Duty, Extra Wide, With Any Typ	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0300	Pediatric Crib, Hospital Grade, Fully Enclosed	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With W	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With W	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0305	Bed Side Rails, Half Length	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0310	Bed Side Rails, Full Length	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0316	Safety Enclosure Frame/Canopy For Use With Hospi	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0328	Hospital Bed Pediatric Manual Includes Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0329	Hospital Bed Pediatric Electric Include Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0371	Nonpowered Advanced Pressure Reducing Overlay For	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0372	Powered Air Overlay For Mattress, Standard Mattres	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0373	Nonpowered Advanced Pressure Reducing Mattress	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0446	Topical Oxygen Delivery System Nos Incl Supplies	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	E0762	Transcutaneous Electrical Joint Stimulation Device	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	G0255	Current Perception Threshold/Sensory Nerve Conduct	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	G0292	Administration(S) Of Experimental Drug(S) Only In	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	G0293	Noncovered Surgical Procedure(S) Using Conscious S	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	G0294	Noncovered Procedure(S) Using Either No Anesthesia	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	L8619	Cochlear Implant External Speech Processor, Replace	N	Cochlear Implant	Excluded	Standard Exclusion	None
01/01/2016		HCPC	L8627	Cochlear Impl Ext Speech Processr Component Repl	N	Cochlear Implant	Excluded	Standard Exclusion	None
01/01/2016		HCPC	L8628	Cochlear Implant Ext Controller Component Repl	N	Cochlear Implant	Excluded	Standard Exclusion	None
01/01/2016		HCPC	L8629	Transmitting Coil Cable Cochlear Impl Dev Repl	N	Cochlear Implant	Excluded	Standard Exclusion	None
01/01/2016		HCPC	M0075	Cellular Therapy	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	M0076	Prolotherapy	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	M0300	Iv Chelation Therapy (Chemical Endarterectomy)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	P9020	Platelet Rich Plasma, Each Unit	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S0157	Becaplermin Gel 0.01%, 0.5 Gm	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S3650	Saliva Test, Hormone Level; During Menopause	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9055	Procuren Or Other Growth Factor Preparation To Pro	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9090	Vertebral Axial Decompression, Per Session	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9989	Services Provided Outside Of The United States Of	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9992	Transportation Costs To And From Trial Location An	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9994	Lodging Costs (E.G., Hotel Charges) For Clinical T	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2016		HCPC	S9996	Meals For Clinical Trial Participant And One Careg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	43647	Lap Impl Electrode, Antrum	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	43648	Lap Revise/Remv Eltrd Antrum	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	43881	Impl/Redo Electrd, Antrum	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	43882	Revise/Remove Electrd Antrum	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	44705	Prepare Fecal Microbiota For Instillation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		CPT	95943	Parasymp & Symp Nrv Funcj Hrt Rate Variability	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1040	Medicaid Certified Community Behavioral Health Clinic Services, Per Diem	n	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2017		HCPC	T1041	Medicaid Certified Community Behavioral Health Clinic Services, Per Month	n	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2018		CPT	00797	Anesthesia, Intraperitoneal Proc, Upper Abdomen, W	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018	12/31/2022	CPT	43632	Gastrectomy, Partial, Distal; W/Gastrojejunostomy	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018	12/31/2022	CPT	43633	Gastrectomy, Partial, Distal; W/Roux-En-Y Reconstr	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43644	Laparoscopy, Surgical Gastric Restrictive Procedure	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43645	Laparoscopy, Surgical Gastric Restrictive Procedure	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43770	Laparoscopy, Surg; Gastric Restrictive Procedure:	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43771	Laparoscopy, Surgical, Gastric Restrictive Procedure	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43772	Laparoscopy, Surg; Gastric Restrictive Procedure:	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43773	Laparoscopy, Surg; Gastric Restrictive Procedure:	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43774	Laparoscopy, Surg; Gastric Restrictive Procedure:	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43775	Laps Gstrc Restrictiv Px Longitudinal	Y	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43842	Gastrectomy Gastric Restrictive Proc, W/O Gastric Bypass, Morb	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43843	Gastric Restrictive Proc, W/O Gastric Bypass, Morbi	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43845	Gastric Restrictive Procedure With Part Gastrectomy	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43846	Gastric Restrictive Procedure, W/Gastric Bypass, Mor	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43847	Gastric Restrictive Proc, W/Gastric Bypass, Morbid	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43848	Revision, Gastric Restrictive Proc, Morbid Obesity	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43886	Gastric Restrictive Procedure; Open; Revision Of S	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43887	Gastric Restrictive Procedure; Open; Removal Of Su	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	43888	Gastric Restrict Procedure; Open; Rem & Replacement	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	0312T	Laps Implty Nstim Eltrd Array&Pls Gen Vagus Nrv	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	0313T	Laps Revj/Replcmt Nstim Eltrd Array Vagus Nrv	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018		CPT	0314T	Laps Rmvl Nstim Eltrd Array & Pls Gen Vagus Nrv	N	Weight Loss	Excluded	Standard Exclusion	None

01/01/2018	CPT	0315T	Removal Pulse Generator Vagus Nerve	N	Weight Loss	Excluded	Standard Exclusion	None
	CPT	0316T	Replacement Pulse Generator Vagus Nerve	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018								
01/01/2018	CPT	0317T	Elec Alys Nstim Pts Gen Vagus Nrv	N	Weight Loss	Excluded	Standard Exclusion	None
01/01/2018	HCPC	A4467	W/Reorgrms Belt, Strap, Sleeve, Garment, Or Covering, Any Type	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2018	CDT	D0394	Digital Subraction Of Two Or More Images Or	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D0416	Image Volumes Of The Same Modality	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017			Viral Culture				Allowed with specific DX codes (see column H)	
01/01/2020	CDT	D0419	Assessment Of Salivary Flow By Measurement	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D0483	Indirect Immunofluorescence	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0501	Non-Traumatic Spinal Cord Injury With Motor	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
			>51.35,.Comorbidity In Tier 3				Allowed with specific DX codes (see column H)	
01/01/2020	CDT	D1551	Re-Cement Or Re-Bond Bilateral Space Maintainer – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D1552	Re-Cement Or Re-Bond Bilateral Space Maintainer – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D1553	Re-Cement Or Re-Bond Unilateral Space Maintainer – Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D1556	Removal Of Fixed Unilateral Space Maintainer – Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D1557	Removal Of Fixed Bilateral Space Maintainer – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D9995	Teledentistry-Synchronous: Real-Time Encounter	N	Dental	Excluded	Standard Exclusion	None
			Teledentistry-Synchronous: Information Stored And Forwarded To Dentist For Subsequent Review					
01/01/2018	CDT	D1558	Removal Of Fixed Bilateral Space Maintainer – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	HCPC	G9906	Patient Identified As A Tobacco User Received Tobacco Cessation Intervention (Counseling And/Or Pharmacotherapy)	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2018	HCPC	G9908	Patient Identified As Tobacco User Did Not Receive Tobacco Cessation Intervention (Counseling And/Or Pharmacotherapy), Reason Not Given	N	Personal Care	Excluded	Standard Exclusion	None
01/01/2018			Composite Resin Crown-Anterior-Primary					
01/01/2019	CDT	D2336	Composite Resin Crown-Anterior-Primary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	12/31/2019	HCPC	L3761 Elbow Orthosis (Eo), With Adjustable Position Locking Joint(S), Prefabricated, Off-The-Shelf	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
01/01/2018		HCPC	P9073 Platelets, Pheresis, Pathogen-Reduced, Each Unit	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018		HCPC	P9100 Pathogen(S) Test For Platelets	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4176 Neopatch, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018		HCPC	Q4177 Floweramnioflo, 0.1 Cc	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4178 Floweramniopatch, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4179 Flowerderm, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4180 Revita, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4181 Amnio Wound, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	Q4182 Transcye, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2018	12/31/2024	HCPC	A5512 For Diabetics Only, Multiple Density Insert, Direct Formed, Molded To Foot After External Heat Source Of 230 Degrees Fahrenheit Or Higher, Total Contact With Patient'S Foot, Including Arch, Base Layer, Minimum Of ¼ Inch Material Of Shore A 35 Durometer Or 3/16 Inch Material Of Shore A 40 Durometer (Or Higher), Refabricated, Each	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2018		HCPC	A5513 For Diabetics Only, Multiple Density Insert, Custom Molded From Model Of Patient'S Foot, Total Contact With Patient'S Foot, Including Arch, Base Layer Minimum Of 3/16 Inch Material Of Shore A 35 Durometer Or Higher, Includes Arch Filler And Other Shapingmaterial, Custom Fabricated, Each	N	Orthotics	Orthotics Limitation	Excluded with specific DX codes (see column H)	None
01/01/2018		HCPC	S0595 New Lenses In Pts Old Frame	Y	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999
01/01/2019								
01/01/2019	CPT	36468	Single/Multiple Injections, Sclerosing Solutions	N	Spider Veins	Excluded	Standard Exclusion	None
01/01/2019	CPT	83701	Lipoprotein, Blood, High Resolution Fractionation	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2019	REV	2105	Biofeedback Training, Any Modality	N	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019	CPT	90901	Biofeedback, Perineal Muscles/Anorectal/Urethral S	N	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019	12/31/2019	CPT	90911 Bh - Biofeedback	N	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019		CPT	90912 Biofeedback Training, Perineal Muscles, Anorectal Or Urethral Sphincter, Including Emg And/Or Manometry, When Performed; Each Additional 15 Minutes Of One-On-One Physician Or Other Qualified Health Care Professional Contact With The Patient (List Separately In Addition To Code For Primary	N	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019		CPT	90913 Biofeedback Training, Perineal Muscles, Anorectal Or Urethral Sphincter, Including Emg And/Or Manometry, When Performed; Initial 15 Minutes Of One-On-One Physician Or Other Qualified Health Care Professional Contact With The Patient	N	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019	REV	0917	Electromyography (Emg), Biofeedback Device	Y	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019	HCPC	E0746	Biofeedback	Y	BioFeedback	Biofeedback DX list	Excluded with specific DX codes (see column H)	0-999
01/01/2019	CDT	D2337	Resin-Based Composite Crown, Anterior-Permanent	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2390	Resin-Based Composite Crown, Anterior	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2393	Resin-Based Composite - 3 Surfaces Posterior	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2394	Resin-Based Composite-4 Or More Surfaces, Posterior	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2470	Crown-Porcelain/Ceramic Substrate	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2710	Crown - Resin-Based Composite (Indirect)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2712	Crown - 3/4 Resin-Based Composite (Indirect)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2720	Crown-Resin With High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2721	Crown-Resin With Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2722	Crown-Resin With Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2730	Incomplete Endodontic Therapy - Inoperable Or Fractured Tooth.	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2740	Crown-Porcelain/Ceramic Substrate	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2750	Crown-Porcelain Fused To High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2751	Crown-Procelain Fused To Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2752	Crown-Porcelain Fused To Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2753	Crown- Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D2780	Crown - 3/4 Cast High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019								

01/01/2019	CDT	D2781	Crown - 3/4 Cast Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2782	Crown - 3/4 Cast Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2783	Crown - 3/4 Porcelain/Ceramic	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2790	Crown-Full Cast High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2791	Crown-Full Cast Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2792	Crown-Full Cast Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2794	Crown-Titanium	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0384	Cone Beam Ct Imag Cap Trnj Series 2/>Exposures	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D2799	Interim Crown – Further Treatment Or Completion Of Diagnosis Necessary Prior To Final Impression	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D2915	Recement Cast Or Prefabricated Post And Core	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2920	Recement Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2929	Prefab Porcelain/Ceramic Crown - Primary Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D0395	Fusion 2/More 3D Images Volume 1/More Modalities	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0411	Hba1C In Office Point Of Service Testing	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D0412	Blood Glucose Level Test (In-Office Using A Glucose Meter)	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D2930	Prefabricated Stainless Steel Crown; Primary Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2931	Prefabricated Stainless Steel Crown; Permanent Too	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2932	Prefabricated Resin Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2933	Prefabricated Stainless Steel Crown W/ Resin Windo	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D1516	Space Maintainer – Fixed – Bilateral, Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D1517	Space Maintainer – Fixed – Bilateral, Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D1526	Space Maintainer – Removable – Bilateral, Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D1527	Space Maintainer – Removable – Bilateral, Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D2949	Restorative Foundation An Indirect Restoration	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2950	Crown Build-Up, Including Any Pins	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2951	Pin Retention-Per Tooth, In Addition To Restoratio	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2952	Cast Post And Core In Addition To Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2953	Each Additional Cast Post - Same Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2954	Prefabricated Post And Core In Addition To Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2955	Post Removal (Not In Conjunction With Endodontic Th	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2957	Each Additional Prefabricated Post - Same Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2970	Temporary Crown Fractured Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2971	Additional Procedures To Construct New Crown Under	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2980	Crown Repair, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D2999	Unspecified Restorative Procedure, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3110	Pulp Cap-Direct (Excluding Final Restoration)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3120	Pulp Cap-Indirect (Excluding Final Restoration)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3221	Pulpal Debridement, Primary And Permanent Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3222	Part Pulpotomy For Apexogenesis Perm Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3230	Pulpal Therapy (Resorbable Filling)-Anterior, Prim	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3240	Pulpal Therapy (Resorbable Filling)-Posterior, Pri	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3310	Endodontic Therapy Anterior (Excluding Final Resto	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3320	Endodontic Therapy Bicuspid (Excluding Final Resto	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3330	Endodontic Thpy(Excluding Final Restoration)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3331	Molar Treatment Of Root Canal Obstruction; Non-Surgical	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3332	Incomplete Endodontic Therapy; Inoperable, Unresto	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3333	Internal Root Repair Of Perforation Defects	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3346	Retreatment Of Previous Root Canal Therapy- Anterio	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3347	Retreatment Of Previous Root Canal Therapy; Bicusp	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3348	Retreatment Of Previous Root Canal Therapy; Molar	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3351	Apexification/Recalcificat/Pupal Regen Init Vst	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3352	Apexificat/Recalcificat/Pupal Regen Int Med Repl	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3353	Apexification/Recalcification-Final Visit (Include	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3354	Pupal Regeneration; Not Incl Final Restoration	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3355	Pulpal Regeneration - Initial Visit	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3356	Pulpal Regeneration - Interim Medication Replace	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3357	Pulpal Regeneration - Completion Of Treatment	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3410	Apicoectomy - Anterior	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3421	Apicoectomy - Bicuspid (First Root)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3425	Apicoectomy/Periradicular Surgery Molar First Root	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3426	Apicoectomy (Each Additional Root)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3427	Periradicular Surgery Without Apicoectomy	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3428	Bone Graft In Conjunction With Periradicular Surgery – Per Tooth, Single Site	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3429	Bone Graft In Conjunction With Periradicular Surgery – Each Additional Contiguous Tooth In The Same Surgcal Site	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3430	Retrograde Filling - Per Root	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3431	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration In Conjunction With Periradicular Surenv	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3432	Guided Tissue Regeneration, Resorbable Barrier, Per Site, In Conjunction With Periradicular Surenv	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3450	Root Amputation - Per Root	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3460	Endodontic Endosseous Implant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3470	Intentional Re-Implantation (Including Necessary Splinting)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2019	CDT	D3552	Apexification-Interim: Multiple Visits/Dressing Change: Visit #2+	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D3553	Completion Of Root Apex Closure: Final Visit	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3910	Surgical Procedure For Isolation Of Tooth With Rub	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3920	Hemisection (Including Any Root Removal), Not Incl	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3950	Canal Preparation And Fitting Of Preformed Dowel O	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D3999	Unspecified Endodontic Procedure, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4210	Gingivectomy Or Gingivoplasty - Four Or More Contiguous Teeth Or Tooth Bounded Snaces Per Quadr	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4211	Gingivectomy Or Gingivoplasty - One To Three Contiguous Teeth Or Tooth Bounded Snaces Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4212	Gingivectomy Or Gingivoplasty To Allow Access For Restorative Procedure, Per Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4230	Ana Crown Exp 4 Or> Per Quad	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4230	Anatomical Crown Exposure - Four Or More Contiguous Teeth Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4231	Anatomical Crown Exposure-One To Three Teeth Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4240	Gingival Flap Procedure, Including Root Planing - Four Or More Contiguous Teeth Or Tooth Bounded Snaces Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4241	Gingival Flap Procedure, Including Root Planing -One To Three Contiguous Teeth Or Tooth Bounded Snaces Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4245	Apically Positioned Flap	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4249	Clinical Crown Lengthening-Hard Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4260	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - Four Or More Contiguous Teeth Or Tooth Bounded Snaces Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4261	Osseous Surgery (Including Elevation Of A Full Thickness Flap And Closure) - One To Three Contiguous Teeth Or Tooth Bounded Snaces Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4263	Bone Replacement Graft-Retained Natural Tooth-First Site In Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4264	Bone Replacement Graft-Retained Natural Tooth-Ea Additional Site In Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4273	Autogenous Connective Tissue Graft Procedure, First Thooth, Implant, Or Edentulous Tooth Position In Graft	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4274	Mesial/Distal Wedge Procedure, Single Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4275	Non-Autogenous Connective Tissue Graft, First Tooth, Implant Or Edentulous Tooth Position In Graft	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4265	Biologic Materials To Aid In Soft And Osseous Tissue Regeneration, Per Site	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D4266	Guided Tissue Regeneration - Resorbable Barrier, P	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D4267	Guided Tissue Regeneration - Nonresorbable Barrier	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D4268	Surgical Revision Procedure, Per Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D4270	Pedicle Soft Tissue Graft Procedure	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D4276	Combined Connective Tissue And Pedicle Graft, Per Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4277	Free Soft Tissue Graft Procedure, First Tooth, Implant Or Edentulous Tooth Position In Graft	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4278	Free Soft Tissue Graft Procudre Ea Additional Contiguous Tooth, Implant Or Edentulous Tooth Position In Same Graft Site	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D4320	Provisional Splinting-Intracoronar	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4341	Perio Scaling/Root Planing 4 Or More Teeth Per Qua	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4342	Periodontal Scaling And Root Planing - 1 To 3 Teet	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4346	Scaling In The Presence Of Generalized Moderate Or Severe Gingival Inflammation - Full Mouth. After Oral Evaluation	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4355	Full Mouth Debridement To Enable Comprehensive Eva	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D4921	Gingival Irrigation - Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5284	Removable Unilateral Partial Denture - One Piece Flexible Base (Including Clasps And Teeth) - Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D5286	Removable Unilateral Partial Denture - One Piece Resin (Including Clasps And Teeth) - Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5282	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth). Maxillary	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D5283	Removable Unilateral Partial Denture - One Piece Cast Metal (Including Clasps And Teeth). Mandibular	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D5510	Repair Broken Complete Denture Base	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5511	Repair Broken Complete Denture Base, Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5512	Repair Broken Complete Denture Base, Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5520	Replace Missing Or Broken Teeth-Complete Denture f	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5610	Repair Resin Denture Base	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5611	Repair Resin Partial Denture Base, Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5612	Repair Resin Partial Denture Base, Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5620	Repair Cast Framework	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5621	Repair Cast Partial Framework, Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D5622	Repair Cast Partial Framework, Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5630	Repair Or Replace Broken Clasp	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5640	Replace Broken Teeth-Per Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5650	Add Tooth To Existing Partial Denture	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5876	Add Metal Substructure To Acrylic Full Denture (Per Arch)	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5660	Add Clasp To Existing Partial Denture	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6011	Second Stage Implant Surgery	N	Dental	Excluded	Standard Exclusion	None
01/01/2017	CDT	D5670	Replace All Teeth And Acrylic On Cast Metal Framew	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D5671	Replace All Teeth And Acrylic On Cast Metal Framew	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5934	Mandibular Resection Prosthesis With Guide Flange	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5935	Mandibular Resection Prosthesis Without Guide Flange	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5982	Surgical Stent	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5987	Commissure Splint	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D5988	Surgical Splint	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6010	Surgical Placement Of Impant Body: Endosteal Implant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2017	CDT	D6040	Surgical Placement: Eposteal Implant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6050	Surgical Placement: Transosteal Implant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6058	Abutment Supported Porcelain/Ceramic Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6059	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6060	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6061	Abutment Supported Porcelain Fused To Metal Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6062	Abutment Supported Cast Metal Crown (High Noble Me	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6063	Abutment Supported Cast Metal Crown (Predominantly	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6064	Abutment Supported Cast Metal Crown (Noble Metal)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6065	Implant Supported Porcelain/Ceramic Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6066	Implant Supported Porcelain Fused To Metal Crown (	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6067	Implant Supported Metal Crown (Titanium, Titanium	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6068	Abutment Supported Retainer For Porcelain/Ceramic	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D6069	Abutment Supported Retainer For Porcelain/Ceramic	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6082	Implant Supported Crown - Porcelain Fused To Predominantly Base Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6083	Implant Supported Crown - Porcelain Fused To Noble Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6084	Implant Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6085	Interim Implant Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6086	Implant Supported Crown - Predominantly Base Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6087	Implant Supported Crown - Noble Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6088	Implant Supported Crown - Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6092	Recent Supp Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6094	Abutment Supported Crown - (Titanium)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D6096	Remove Broken Implant Retaining Screw	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6097	Abutment Supported Crown - Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6098	Implant Supported Retainer - Porcelain Fused To Predominantly Base Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6099	Implant Supported Retainer For Fpd – Porcelain Fused To Noble Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D6118	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch-Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D6119	Implant/Abutment Supported Interim Fixed Denture For Edentulous Arch-Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6120	Implant Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6121	Implant Supported Retainer For Metal Fpd - Predominantly Base Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6122	Implant Supported Retainer For Metal Fpd - Noble Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6123	Implant Supported Retainer For Metal Fpd – Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6194	Abutment Supported Retainer Crown For Fpd - (Titan	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6195	Abutment Supported Retainer - Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6243	Pontic – Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6710	Crown - Indirect Resin Based Composite	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6720	Crown-Resin With High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6721	Crown-Resin With Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6722	Crown-Resin With Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6740	Crown - Porcelain/Ceramic	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6750	Crown-Porcelain Fused To High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6751	Crown-Porcelain Fused To Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6752	Crown-Porcelain Fused To Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6753	Retainer Crown – Porcelain Fused To Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6780	Crown-3/4 Cast High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6781	Crown - 3/4 Cast Predominantly Based Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6782	Crown - 3/4 Cast Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6783	Crown - 3/4 Porcelain/Ceramic	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D6784	Retainer Crown ¾ – Titanium And Titanium Alloys	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6790	Crown-Full Cast High Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6791	Crown-Full Cast Predominantly Base Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6792	Crown-Full Cast Noble Metal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6793	Provisional Retainer Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6794	Crown - Titanium	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D6795	Interim Retainer Crown	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7111	Extraction, Coronal Remnants - Deciduous Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7140	Extraction, Erupted Tooth Or Exposed Root (Elevation And/Or Forceps Removal)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7210	Surg Removal Erupted Tooth Remv Bone Elev Flap	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7210	Extraction, Erupted Tooth Requiring Removal Of Bone And/Or Sectioning Of Tooth, And Including Elevation Of Mucoperiosteal Flap If Indicated	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7220	Removal Of Impacted Tooth - Soft Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7230	Removal Of Impacted Tooth - Partially Bony	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7240	Removal Of Impacted Tooth - Completely Bony	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7241	Removal Of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7250	Removal Of Residual Tooth Roots (Cutting Procedure)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7251	Coronectomy – Intentional Partial Tooth Removal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7260	Oroantral Fistula Closure	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7261	Primary Closure Of A Sinus Perforation	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7270	Tooth Reimplantation And/Or Stabilization Of Accidentally Evulsed Or Displaced Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7272	Tooth Transplantation (Includes Re-Implantation From One Site To Another And Sslntine And/Or Stabilization)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7280	Exposure Of An Unerupted Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2019	CDT	D7282	Mobilization Of Erupted Or Malpositioned Tooth To Aid Eruption	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7283	Placement Of Device To Facilitate Eruption Of Impacted Tooth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7285	Incisional Biopsy Of Oral Tissue - Hard (Bone, Tooth)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7286	Incisional Biopsy Of Oral Tissue - Soft	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7287	Exfoliative Cytological Sample Collection	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7288	Brush Biopsy - Transepithelial Sample Collection	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7290	Surgical Repositioning Of Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7292	Placement Of Temporary Anchorage Device (Screw Retained Plate) Requiring Flap; Includes Device Removal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7293	Placement Of Temporary Anchorage Device Requiring Flap; Includes Device Removal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7294	Placement Of Temporary Anchorage Device Without Flap, Includes Device Removal	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7295	Harvest Of Bone For Use In Autogenous Grafting Procedure	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7296	Corticotomy - One To Three Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7297	Corticotomy - Four Or More Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7310	Alveoplasty In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7311	Alveoplasty In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7320	Alveoplasty Not In Conjunction With Extractions - Four Or More Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7321	Alveoplasty Not In Conjunction With Extractions - One To Three Teeth Or Tooth Spaces, Per Quadrant	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7340	Vestibuloplasty - Ridge Extension (Secondary Epithelialization)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7350	Vestibuloplasty - Ridge Extension (Including Soft Tissue Grafts, Muscle Reattachment, Revision Of Soft Tissue Attachment And Management Of Hypertrophied And Hyperplastic Tissue)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7410	Excision Of Benign Lesion Up To 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7412	Excision Of Benign Lesion, Complicated	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7413	Excision Of Malignant Lesion Up To 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7414	Excision Of Malignant Lesion Greater Than 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7415	Excision Of Malignant Lesion, Complicated	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7430	Excision Of Benign Tumor-Lesion Diameter Up To 1.2	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7431	Excision Of Benign Tumor-Lesion Diameter Greater Than 1.2	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7440	Excision Of Malignant Tumor - Lesion Diameter Up To 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7441	Excision Of Malignant Tumor - Lesion Diameter Greater Than 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7450	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7451	Removal Of Benign Odontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7460	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Up To 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7461	Removal Of Benign Nonodontogenic Cyst Or Tumor - Lesion Diameter Greater Than 1.25 Cm	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7465	Destruction Of Lesion(S) By Physical Or Chemical Method, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7471	Removal Of Lateral Exostosis (Maxilla Or Mandible)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7472	Removal Of Torus Palatinus	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7473	Removal Of Torus Mandibularis	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7485	Reduction Of Osseous Tuberosity	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7490	Radical Resection Of Maxilla Or Mandible	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7510	Incision And Drainage Of Abscess-Intraoral Soft Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7510	Incision And Drainage Of Abscess - Intraoral Soft Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7511	Incision And Drainage Of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7520	Incision And Drainage Of Abscess - Extraoral Soft Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7521	Incision And Drainage Of Abscess - Extraoral Soft Tissue - Complicated (Includes Drainage Of Multiple Fascial Spaces)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7530	Removal Of Foreign Body From Mucosa, Skin, Or Subcutaneous Alveolar Tissue	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7540	Removal Of Reaction Producing Foreign Bodies, Musculoskeletal System	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7560	Maxillary Sinusotomy For Removal Of Tooth Fragment Or Foreign Body	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7610	Maxilla - Open Reduction (Teeth Immobilized, If Present)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7620	Maxilla - Closed Reduction (Teeth Immobilized, If Present)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7630	Mandible - Open Reduction (Teeth Immobilized, If Present)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7640	Mandible - Closed Reduction (Teeth Immobilized, If Present)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7650	Malar And/Or Zygomatic Arch - Open Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7660	Malar And/Or Zygomatic Arch - Closed Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7670	Alveolus - Closed Reduction, May Include Stabilization Of Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7671	Alveolus - Open Reduction, May Include Stabilization Of Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7680	Facial Bones - Complicated Reduction With Fixation And Multiple Surgical Approaches	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7710	Maxilla - Open Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7720	Maxilla - Closed Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7730	Mandible - Open Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7740	Mandible - Closed Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7750	Malar And/Or Zygomatic Arch - Open Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7760	Malar And/Or Zygomatic Arch - Closed Reduction	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7770	Alveolus - Open Reduction Stabilization Of Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7771	Alveolus - Closed Reduction Stabilization Of Teeth	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

01/01/2019	CDT	D7780	Facial Bones - Complicated Reduction With Fixation And Multiple Approaches	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7810	Open Reduction Of Dislocation	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7820	Closed Reduction Of Dislocation	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7830	Manipulation Under Anesthesia	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7830	Manipulation Under Anesthesia	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7840	Condylectomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7850	Surgical Discectomy, With/Without Implant	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7852	Disc Repair	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7854	Synovectomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7856	Myotomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7858	Joint Reconstruction	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7860	Arthrotomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7865	Arthroplasty	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7870	Arthrocentesis	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7871	Non-Arthroscopic Lysis And Lavage	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7872	Arthroscopy - Diagnosis, With Or Without Biopsy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7873	Arthroscopy: Lavage And Lysis Of Adhesions	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7874	Arthroscopy: Disc Repositioning And Stabilization	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7875	Arthroscopy: Synovectomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7876	Arthroscopy: Discectomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7877	Arthroscopy: Debridement	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7880	Occlusal Orthotic Device, By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7881	Occlusal Orthotic Device Adjustment	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7899	Unspecified Tmd Therapy, By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7910	Suture Of Recent Small Wounds Up To 5 Cm	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D7911	Complicated Suture-Up To 5Cm	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7912	Complicated Suture - Greater Than 5 Cm	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7920	Skin Graft (Identify Defect Covered, Location And Type Of Graft)	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7921	Collection And Application Of Autologous Blood Concentrate Product	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7922	Placement Of Intra - Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization. Per Site	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D7940	Osteoplasty - For Orthognathic Deformities	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7941	Osteotomy - Mandibular Rami	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7944	Osteotomy - Segmented Or Subapical	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7945	Osteotomy - Body Of Mandible	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7946	Lefort I (Maxilla - Total)	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7947	Lefort I (Maxilla - Segmented	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Midface Hypoplasia Or Retrusion) - Without Bone Graft	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7949	Lefort Ii Or Lefort Iii - With Bone Graft	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7950	Osseous, Osteoperiosteal, Or Cartilage Graft Of The Mandible Or Maxilla - Autogenous Or Nonsutaneous. By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7951	Sinus Augmentation With Bone Or Bone Substitutes Via A Lateral Open Approach	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7952	Sinus Augmentation Via A Vertical Approach	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7953	Bone Replacement Graft For Ridge Preservation - Per Site	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7955	Repair Of Maxillofacial Soft And/Or Hard Tissue Defect	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7960	Frenulectomy - Also Known As Frenectomy Or Frenotomy - Separate Procedure Not Incidental To Another Procedure	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7963	Frenuloplasty	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7970	Excision Of Hyperplastic Tissue - Per Arch	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7971	Excision Of Pericoronal Gingiva	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7972	Surgical Reduction Of Fibrous Tuberosty	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7979	Non-Surgical Sialolithotomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2018	CDT	D9944	Occlusal Guard – Hard Appliance, Full Arch	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D9945	Occlusal Guard – Soft Appliance, Full Arch	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D9946	Occlusal Guard – Hard Appliance, Partial Arch	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D7980	Sialolithotomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7981	Excision Of Salivary Gland, By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9992	Dental Case Management - Care Coordination	N	Dental	Excluded	Standard Exclusion	None
01/01/2019	CDT	D7982	Sialodochoplasty	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7983	Closure Of Salivary Fistula	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7990	Emergency Tracheotomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7991	Coronoidectomy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2017	CDT	D7995	Synthetic Graft-Mandible Or Facial Bones, By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7997	Appliance Removal (Not By Dentist Who Placed Appliance), Includes Removal Of Archbar	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7998	Intraoral Placement Of A Fixation Device Not In Coniunction With A Fracture	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D7999	Unspecified Oral Surgery Procedure, By Report	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8010	Limited Orthodontic Treatment Of The Primary Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8020	Limited Orthodontic Treatment Of The Transitional Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8030	Limited Orthodontic Treatment Of Adolescent Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8040	Limited Orthodontic Treatment Of The Adult Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8050	Interceptive Orthodontic Treatment Of The Primary Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8060	Interceptive Orthodontic Treatment Of The Transitional Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None

01/01/2019	CDT	D8070	Comprehensive Orthodontic Treatment Of The Transitional Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8080	Comprehensive Orthodontic Treatment Of The Adolescent Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8090	Comprehensive Orthodontic Treatment Of The Adult Dentition	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8210	Removable Appliance Therapy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8220	Fixed Appliance Therapy	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8660	Pre-Orthodontic Treatment Examination To Monitor Growth And Development	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8670	Periodic Orthodontic Treatment Visit	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D8680	Orthodontic Retention (Removal Of Appliances, Construction And Placement Of Retainer(S))	N	Dental	<u>Dental Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	HCPC	J2940	Injection, Somatrem, 1 Mg	N	Growth Hormone	<u>Growth Hormone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	J2941	Injection, Somatrpim, 1 Mg	N	Growth Hormone	<u>Growth Hormone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	Q0515	Injection, Sermorelin Acetate, 1 Microgram	N	Growth Hormone	<u>Growth Hormone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	S9558	Home Injectable Therapy; Growth Hormone, Including	Y	Growth Hormone	<u>Growth Hormone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	L8608	Miscellaneous External Component, Supply Or Accessory For Use With The Argus II Retinal Prosthesis System	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2019	CPT	65785	Implantation Of Corneal Ring Segments	N	Implantable lenses	<u>Implantable Lenses Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	S8270	Enuresis Alarm	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2019	HCPC	T4545	Incontinence Product, Disposable, Penile Wrap, Each	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2019	CPT	90863	Pharmacologic Management W/Psychotherapy	N	Methadone	<u>Methadone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	H0020	Alcohol And/Or Drug Services; Methadone Adminstra	N	Methadone	<u>Methadone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	H0033	Oral Medication Administration, Direct Observation	N	Methadone	<u>Methadone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	J1230	Injection, Methadone Hcl, Up To 10 Mg	N	Methadone	<u>Methadone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	HCPC	S0109	Methadone Oral 5 Mg	N	Methadone	<u>Methadone Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2019	CPT	21076	Impression And Custom Preparation; Surgical Obturator Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21079	Impression And Custom Preparation; Interim Obturator Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21080	Impression And Custom Preparation; Definitive Obturator Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21081	Impression And Custom Preparation; Mandibular Resection Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21082	Impression And Custom Preparation; Palatal Augmentation Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21083	Impression And Custom Preparation; Palatal Lift Prosthesis	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21121	Genioplasty; Sliding Osteotomy, Single Piece	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21122	Genioplasty; Sliding Osteotomies, 2 Or More Osteotomies (Eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21123	Genioplasty; Sliding, Augmentation With Interpositional Bone Grafts (Includes Obtaining Autografts)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21127	Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	CPT	21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Direction (Eg, For Long Face Syndrome), Without Bone Graft	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	06/30/2024	21142	Reconstruction Midface, Lefort I; 2 Pieces, Segment Movement In Any Direction, Without Bone Graft	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	06/30/2024	21143	Reconstruction Midface, Lefort I; 3 Or More Pieces, Segment Movement In Any Direction, Without Bone Graft	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	06/30/2024	21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019	06/30/2024	21146	Reconstruction Midface, Lefort I; 2 Pieces, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts) (Eg, Ungrafted Unilateral Alveolar Cleft)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21147	Reconstruction Midface, Lefort I; 3 Or More Pieces, Segment Movement In Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts) (Eg, Ungrafted Bilateral Alveolar Cleft Or Multiple Osteotomies)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins Syndrome)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts (Includes Obtaining Autografts)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg, Mono Bloc), Requiring Bone Grafts (Includes Obtaining Autografts); Without Lefort I	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead Advancement (Eg, Mono Bloc), Requiring Bone Grafts (Includes Obtaining Autografts); With Lefort I	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts (Includes Obtaining Autografts)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21193	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; Without Bone Graft	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21194	Reconstruction Of Mandibular Rami, Horizontal, Vertical, C, Or L Osteotomy; With Bone Graft (Includes Obtaining Graft)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21195	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21196	Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; With Internal Rigid Fixation	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21198	Osteotomy, Mandible, Segmental;	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21206	Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21210	Graft, Bone; Nasal, Maxillary Or Malar Areas (Includes Obtaining Graft)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21215	Graft, Bone; Mandible (Includes Obtaining Graft)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21244	Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Mandibular Staple Bone Plate)	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21245	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Partial	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None
01/01/2019		21246	Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant; Complete	N	Oral Surgery	<u>Oral Surgery Limitation</u>	Allowed with specific DX codes (see column H)	None

01/01/2019		CPT	21247	Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining Grafts) (Eg, For Hemifacial Microsomial	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40840	Vestibuloplasty; Anterior	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40842	Vestibuloplasty; Posterior, Unilateral	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40843	Vestibuloplasty; Posterior, Bilateral	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40844	Vestibuloplasty; Entire Arch	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40845	Vestibuloplasty; Complex (Including Ridge Extension, Muscle Repositioning)	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41800	Drainage Of Abscess, Cyst, Hematoma From Dentoalveolar Structures	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41820	Gingivectomy Or Gingivoplasty-4 Or More Contiguous Teeth Or Tooth Bounded Spaces Per Quadrant	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41822	Excision Of Fibrous Tuberosities, Dentoalveolar Structures	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41823	Excision Of Osseous Tuberosities, Dentoalveolar Structures	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41828	Excision Of Hyperplastic Alveolar Mucosa, Each Quadrant (Specify)	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41830	Alvelectomy, Including Curettage Of Osteitis Or Sequestrectomy	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41870	Periodontal Mucosal Grafting	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41874	Alveoloplasty, Each Quadrant (Specify)	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	42120	Gingivectomy, Excision Gingiva, Each Quadrant	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	21125	Augmentation, Mandibular Body Or Angle; Prosthetic Material	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	21209	Osteoplasty, Facial Bones; Reduction	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	40801	Drainage Of Abscess, Cyst, Hematoma, Vestibule Of Mouth; Complicated	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41821	Operculectomy, Excision Pericoronal Tissues	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CPT	41872	Gingivoplasty, Each Quadrant (Specify)	N	Oral Surgery	Oral Surgery Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CPT	2023F	Dilated Retinal Eye Exam With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999
01/01/2020		CPT	2025F	7 Standard Field Stereoscopic Retinal Photos With Interpretation By An Ophthalmologist Or Optometrist Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999
01/01/2020		CPT	2033F	Eye Imaging Validated To Match Diagnosis From 7 Standard Field Stereoscopic Retinal Photos Results Documented And Reviewed; Without Evidence Of Retinopathy (Dm)	N	Adult Vision Exam	Adult Vision Exam DX list	Excluded with specific DX codes, Age range (see column H, J)	19-999
01/01/2020	06/30/2024	CPT	0591T	Health And Well-Being Coaching Face-To-Face; Individual, Initial Assessment	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2020	06/30/2024	CPT	0592T	Health And Well-Being Coaching Face-To-Face; Individual, Follow-Up Session, At Least 30 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2020		CPT	0593T	Health And Well-Being Coaching Face-To-Face; Group (2 Or More Individuals), At Least 30 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2020		HCPC	C9758	Blinded Procedure For Nyha Class Iii/Iv Heart Failure; Transcatheter Implantation Of Interatrial Shunt Or Placebo Control, Including Right Heart Catheterization, Trans-Esophageal Echocardiography (Tee)/Intracardiac Echocardiography (Ice), And All Imaging With Or Without Guidance	N	Experimental & Investigational	Excluded	Standard Exclusion	None
01/01/2020		CPT	97129	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (Eg, Managing Time Or Schedules, Initiating, Organizing, And Sequencing Tasks), Direct (One-On-One) Patient Contact; Initial 15 Minutes	N	Cognitive Skills	Cognitive Skills Limitation	Excluded with specific DX codes (see column H)	None
01/01/2020		CPT	97130	Therapeutic Interventions That Focus On Cognitive Function (Eg, Attention, Memory, Reasoning, Executive Function, Problem Solving, And/Or Pragmatic Functioning) And Compensatory Strategies To Manage The Performance Of An Activity (Eg, Managing Time Or Schedules, Initiating, Organizing, And Sequencing Tasks), Direct (One-On-One) Patient Contact; Each Additional 15 Minutes (List Separately In Addition To Code For	N	Cognitive Skills	Cognitive Skills Limitation	Excluded with specific DX codes (see column H)	None
01/01/2019		CDT	D8681	Removable Orthodontic Retainer Adjustment	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D8690	Orthodontic Treatment (Alternative Billing To A Contract Fee)	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018		CDT	D8695	Removal Of Fixed Orthodontic Appliances For Reasons Other Than Completion Of Treatment	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8696	Repair Of Orthodontic Appliance – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8697	Repair Of Orthodontic Appliance – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8698	Re-Cement Or Re-Bond Fixed Retainer – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8699	Re-Cement Or Re-Bond Fixed Retainer – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8701	Repair Of Fixed Retainer, Includes Reattachment – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8702	Repair Of Fixed Retainer, Includes Reattachment – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8703	Replacement Of Lost Or Broken Retainer – Maxillary	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020		CDT	D8704	Replacement Of Lost Or Broken Retainer – Mandibular	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D8999	Unspecified Orthodontic Procedure, By Report	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9110	Palliative (Emergency) Treatment Of Dental Pain- Minor Procedure	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9210	Local Anesthesia NOT In Conjunction With Operativ	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9211	Regional Block Anesthesia	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9212	Trigeminal Division Block Anesthesia	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9215	Local Anesthesia Conjunction Operative/Surg Proc	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9219	Evaluation For Deep Sedation Or General Anesthesia	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9220	Deep Sedation/General Anesthesia-First 30 Minutes	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9221	Deep Sedation/General Anesthesia-Each Additional 1	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9222	Deep Sedation/General Anesthesia First 15 Minutes	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9223	Deep Sedation/General Anesthesia - Each 15 Minute Increment	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9230	Inhalation Of Nitrous Oxide/Anxiolysis Analgesia	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2018		CDT	D9239	Intravenous Moderate {Conscious} Sedation/Analgesia-First 15 Minutes	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019		CDT	D9241	Intravenous Conscious Sedation/Analgesia - First 3	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None

	CDT	D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment	N	Dental		Allowed with specific DX codes (see column H)	None
01/01/2019						Dental Limitation		
01/01/2019	CDT	D9248	Non-Intravenous Conscious Sedation	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9310	Consultation - Diagnostic Service Provided By Dentist Or Physician Other Than Requesting Dentist Or Phvsician	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9311	Consultation With A Medical Health Care Professional	Y	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9610	Therapeutic Parenteral Drug, Single Administration	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9612	Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019						Dental Limitation		
01/01/2019	CDT	D9630	Drugs Or Medicaments Dispensed In The Office For Home Use	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9911	Application Of Desensitizing Resin For Cervical An	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9951	Occlusal Adjustment - Limited	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2019	CDT	D9952	Occlusal Adjustment - Complete	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	CDT	D9997	Dental Case Management - Patients With Special Health Care Needs	N	Dental	Dental Limitation	Allowed with specific DX codes (see column H)	None
01/01/2020	12/31/2023	HCPC	K1003 Whirlpool Tub, Walk-In, Portable	N	Personal Care	Excluded	Standard Exclusion	None
		HCPC	G0330 Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use Of An Operating Room	N	DENTAL		Allowed with specific DX codes (see column H)	None
01/01/2023						Dental Limitation		
01/01/2020		ICD10	Z7184 Encounter For Health Counseling Related To Travel	N	Administrative/Court Ordered	Excluded	Standard Exclusion	None
01/01/2021		REV	Bn R And B Res- General Classification	N	Behavioral Health	Excluded	Standard Exclusion	None
01/01/2021		CPT	92060 Sensorimotor Exam W/Multiple Measurements, Ocular	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2021		CPT	92065 Orthoptic And/Or Pleoptic Training, W/Continuing M	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2021		CPT	92082 Visual Field Exam, Unilat/Bilat W/Interpretation A	N	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2021	12/31/2021	CPT	83516 Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Qualitative Or Semiquantitative, Multiple Step Method	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	83518 Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Qualitative Or Semiquantitative, Single Step Method (Eg, Reagent Strip)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	83519 Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Quantitative, By Radioimmunoassay (Eg, Ria)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	86001 Allergen Specific Igg Quantitative Or Semiquantitative, Each Allergen	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	86003 Allergen Specific Ige; Quantitative Or Semiquantitative, Crude Allergen Extract, Each	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	86005 Allergen Specific Ige; Qualitative, Multiallergen Screen (Eg, Disk, Sponge, Card)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	86008 Allergen Specific Ige; Quantitative Or Semiquantitative, Recombinant Or Purified Component. Each	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	86343 Leukocyte Histamine Release Test (Lhr)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	86486 Skin Test; Unlisted Antigen, Each	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	89190 Nasal Smear For Eosinophils	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95004 Percutaneous Tests (Scratch, Puncture, Prick) With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	95012 Nitric Oxide Expired Gas Determination	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95017 Allergy Testing, Any Combination Of Percutaneous (Scratch, Puncture, Prick) And Intracutaneous (Intradermal), Sequential And Incremental, With Venoms, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95018 Allergy Testing, Any Combination Of Percutaneous (Scratch, Puncture, Prick) And Intracutaneous (Intradermal), Sequential And Incremental, With Drugs Or Biologicals, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95024 Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95027 Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95028 Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95044 Patch Or Application Test(S) (Specify Number Of Tests)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95052 Photo Patch Test(S) (Specify Number Of Tests)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95056 Photo Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95060 Ophthalmic Mucous Membrane Tests	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95065 Direct Nasal Mucous Membrane Test	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2022	CPT	97113 Therapeutic Proc, 1 Or More Areas, Each 15 Min; Ag	N	Alternative Treatment	Excluded	Standard Exclusion	None
01/01/2021		CPT	95070 Inhalation Bronchial Challenge Testing (Not Including Necessary Pulmonary Function Tests); With Histamine, Methacholine, Or Similar Compounds	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021	12/31/2021	CPT	95071 Inhalation Bronchial Challenge Testing (Not Including Necessary Pulmonary Function Tests); With Antigens Or Gases, Specify	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95076 Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Initial 120 Minutes Of Testing	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	95079 Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60 Minutes Of Testing (List Separately In Addition To Code For Primary Procedure)	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	99027 Hospital Mandated On Call Service; Out-Of-Hospital	Y	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2021		CPT	99070 Supplies&Materials Above/Beyond Prov By Phys/Ohp	Y	Miscellaneous	Excluded	Standard Exclusion	None
01/01/2021		CPT	95199 Unlisted Allergy/Clinical Immunologic Service Or Procedure	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None
01/01/2021		CPT	0165U Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked Immunosorbent Assay (Elisa), Blood, Individual Epitope Results And Probability Of Peanut Allergy	N	Allergy Testing	Excluded (see column I)	Listing of all plans allergy testing is excluded	None

11.29.23 BMO Add as part of Exclusion Code Coverage Audit

	CPT	0178U	Peanut Allergen-Specific Quantitative Assessment Of Multiple Epitopes Using Enzyme-Linked Immunosorbent Assay (Elisa), Blood, Report Of Minimum Eliciting	N	Allergy Testing			None
01/01/2021						Excluded (see column I)	<u>Listing of all plans allergy testing is excluded</u>	
	CPT	0547T	Permanent Fallopian Tube Occlusion With Degradable Biopolymer Implant, Transcervical Approach, Including	N	Miscellaneous		Standard Exclusion	None
01/01/2021						Excluded		
	HCPC	E0270	Transvaginal Ultrasound Hospital Bed, Institutional Type Includes: Oscilla	Y	Supplies and Durable Medical Equipment		Standard Exclusion	None
01/01/2021						Excluded		
	HCPC	E0462	Rocking Bed With Or Without Side Rails	N	Supplies and Durable Medical Equipment		Standard Exclusion	None
01/01/2021						Excluded		
	HCPC	E1310	Whirlpool Non-Portable	Y	Supplies and Durable Medical Equipment		Standard Exclusion	None
01/01/2021						Excluded		
	HCPC	K1002	Cranial Electrotherapy Stimulation (Ces) System, Includes All Supplies And Accessories, Any Type	N	Supplies and Durable Medical Equipment		Standard Exclusion	None
01/01/2021						Excluded		
	CPT	11200	Removal, Skin Tags, Multiple Fibrocuteaneous Tags,	N	Destruction	<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2021						<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
	CPT	11201	Removal, Skin Tags, Multiple Fibrocuteaneous Tags,	N	Destruction	<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2021						<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
	CPT	17111	Destruction, Flat Warts, Molluscum Contagiosum/Mil	N	Destruction	<u>Destruction Limitation</u>	Excluded with specific DX codes (see column H)	None
01/01/2021							Standard Exclusion	None
	HCPC	S8948	Application Of A Modality (Requiring Constant Prov	Y	Alternative Treatment	Excluded		
01/01/2021							Standard Exclusion	None
	HCPC	S8990	Physical Or Manipulative Therapy Performed For Mai	N	Miscellaneous	Excluded		
01/01/2021							Standard Exclusion	None
	HCPC	S9123	Nursing Care The Home; Registered Nurse Per Hour	N	Personal Care	Excluded		
01/01/2021							Standard Exclusion	None
	HCPC	S9124	Nursing Care In The Home; By Lpn Per Hour	N	Personal Care	Excluded		
01/01/2021							Standard Exclusion	None
	HCPC	T1000	Priv Duty/Independ Nrs Service Lic Up 15 Min	N	Personal Care	Excluded		
01/01/2021							Standard Exclusion	None
	HCPC	G2215	Take-Home Supply Of Nasal Naloxone (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	N	Methadone		Excluded with specific DX codes (see column H)	None
01/01/2021						<u>Methadone Limitation</u>		
	HCPC	G2216	Take-Home Supply Of Injectable Naloxone (Provision Of The Services By A Medicare-Enrolled Opioid Treatment Program); List Separately In Addition To Code For Primary Procedure	N	Methadone		Excluded with specific DX codes (see column H)	None
01/01/2021						<u>Methadone Limitation</u>		
	CPT	15877	Suction Assisted Lipectomy; Trunk	N	Physical Appearance	<u>Physical Appearance Limitation (B)</u>	Excluded with specific DX codes (see column H)	None
01/01/2021								
01/01/2022	CDT	D3911	Intraorifice Barrier	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D3912	Decoronation Or Submergence Of An Erupted Tooth	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D4322	Splint – Intra-Coronal Natural Teeth Or Prosthetic Crowns	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D4323	Splint – Extra-Coronal Natural Teeth Or Prosthetic Crowns	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D5227	Immediate Maxillary Partial Denture – Flexible Base (Including Any Clasps, Rests And Teeth)	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D5228	Immediate Mandibular Partial Denture – Flexible Base (Including Any Clasps, Rests And Teeth)	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D5725	Rebase Hybrid Prosthesis	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D5765	Soft Liner For Complete Or Partial Removable Denture – Indirect	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D6198	Remove Interim Implant Component	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D7298	Removal Of Temporary Anchorage Device [Screw Retained Plate], Requiring Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D7299	Removal Of Temporary Anchorage Device, Requiring Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D7300	Removal Of Temporary Anchorage Device Without Flap	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D9613	Infiltration Of Sustained Release Therapeutic Drug, Per Quadrant	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D9912	Pre-Visit Patient Screening	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D9947	Custom Sleep Apnea Appliance Fabrication And Placement	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D9948	Adjustment Of Custom Sleep Apnea Appliance	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	CDT	D9949	Repair Of Custom Sleep Apnea Appliance	N	Dental	Excluded	Standard Exclusion	None
01/01/2022	ICD10	R61	Generalized Hyperhidrosis	N	Hyperhidrosis (Excessive Sweating)	Excluded	Standard Exclusion	None
03/01/2019	HCPC	S0595	New Lenses In Pts Old Frame	Y	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
03/01/2021	CPT	20560	Needle Insertion(S) Without Injection(S); 1 Or 2 Muscle(S)	Y	Miscellaneous	Excluded	Standard Exclusion	None
03/01/2021	CPT	20561	Needle Insertion(S) Without Injection(S); 3 Or More Muscles	Y	Miscellaneous	Excluded	Standard Exclusion	None
03/01/2021	CPT	58752	Tubouterine Implantation	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	58970	Follicle Puncture For Oocyte Retrieval, Any Method	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	58974	Embryo Transfer, Intrauterine	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	58976	Gamete, Zygote, Or Embryo Intrafallopian Transfer, Any Method	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89250	Culture Of Oocyte(S)/Embryo(S), Less Than 4 Days	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89251	Culture Of Oocyte(S)/Embryo(S), Less Than 4 Days; With Co-Culture Of Oocyte(S)/Embryos	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89253	Assisted Embryo Hatching, Microtechniques (Any Method)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89254	Oocyte Identification From Follicular Fluid	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89255	Preparation Of Embryo For Transfer (Any Method)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89257	Sperm Identification From Aspiration (Other Than Seminal Fluid)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89258	Cryopreservation; Embryo(S)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89259	Cryopreservation; Sperm	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89264	Sperm Identification From Testis Tissue, Fresh Or Cryopreserved	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89268	Insemination Of Oocytes	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89272	Extended Culture Of Oocyte(S)/Embryo(S), 4-7 Days	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89280	Assisted Oocyte Fertilization, Microtechnique; Less Than Or Equal To 10 Oocytes	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89281	Assisted Oocyte Fertilization, Microtechnique; Greater Than 10 Oocytes	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89290	Biopsy, Oocyte Polar Body Or Embryo Blastomere, Microtechnique (For Pre-Implantation Genetic Diagnosis); Less Than Or Equal To 5 Embryos	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89291	Biopsy, Oocyte Polar Body Or Embryo Blastomere, Microtechnique (For Pre-Implantation Genetic Diagnosis); Greater Than 5 Embryos	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89335	Cryopreservation, Reproductive Tissue, Testicular	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89337	Cryopreservation, Mature Oocyte(S)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89342	Storage (Per Year); Embryo(S)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89343	Storage (Per Year); Sperm/Semen	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89344	Storage (Per Year); Reproductive Tissue, Testicular/Ovarian	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89346	Storage (Per Year); Oocyte(S)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89352	Thawing Of Cryopreserved; Embryo(S)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89353	Thawing Of Cryopreserved; Sperm/Semen, Each Aliquot	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89354	Thawing Of Cryopreserved; Reproductive Tissue, Testicular/Ovarian	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	89356	Thawing Of Cryopreserved; Oocytes, Each Aliquot	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	J0725	Injection, Chorionic Gonadotropin, Per 1,000 Usp Units	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	J3355	Injection, Urofollitropin, 75 Iu	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S0122	Injection, Menotropins, 75 Iu	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S0126	Injection, Follitropin Alfa, 75 Iu	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S0128	Injection, Follitropin Beta, 75 Iu	N	Infertility	Excluded	Standard Exclusion	None

03/01/2021	HCPC	S0132	Injection, Ganirelix Acetate, 250 Mcg	N	Infertility	Excluded	Standard Exclusion	None
	CPT	52402	Cystourethroscopy With Transurethral Resection Or Incision Of Ejaculatory Ducts	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	54500	Biopsy Of Testis, Needle (Separate Procedure)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	54505	Biopsy Of Testis, Incisional (Separate Procedure)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	55300	Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	55530	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
	CPT	55535	Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdominal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	55550	Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58140	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 1 To 4 Intramural Myoma(S) With Total Weight Of 250 G Or Less And/Or Removal Of Surface Myomas; Abdominal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58145	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 1 To 4 Intramural Myoma(S) With Total Weight Of 250 G Or Less And/Or Removal Of Surface Myomas; Vaginal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58146	Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 G, Abdominal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58340	Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	HCPC	S4011	In Vitro Fertilization; Including But Not Limited To Identification And Incubation Of Mature Oocytes, Fertilization With Sperm, Incubation Of Embryo(S), And Subsequent Visualization For Determination Of Development	N	Infertility	Infertility DX 3.1.21	Standard Exclusion	None
03/01/2021	HCPC	S4013	Complete Cycle, Gamete Intrafallopian Transfer (Gift), Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4014	Complete Cycle, Zygote Intrafallopian Transfer (Zift), Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4015	Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4016	Frozen In Vitro Fertilization Cycle, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4017	Incomplete Cycle, Treatment Cancelled Prior To Stimulation, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4018	Frozen Embryo Transfer Procedure Cancelled Before Transfer, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4020	In Vitro Fertilization Procedure Cancelled Before Aspiration, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4021	In Vitro Fertilization Procedure Cancelled After Aspiration, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4022	Assisted Oocyte Fertilization, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4023	Donor Egg Cycle, Incomplete, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4025	Donor Services For In Vitro Fertilization (Sperm Or Embryo), Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4026	Procurement Of Donor Sperm From Sperm Bank	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4027	Storage Of Previously Frozen Embryos	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4028	Microsurgical Epididymal Sperm Aspiration (Mesa)	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4030	Sperm Procurement And Cryopreservation Services; Initial Visit	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4031	Sperm Procurement And Cryopreservation Services; Subsequent Visit	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4035	Stimulated Intrauterine Insemination (Iui), Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4037	Cryopreserved Embryo Transfer, Case Rate	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	HCPC	S4040	Monitoring And Storage Of Cryopreserved Embryos, Per 30 Days	N	Infertility	Excluded	Standard Exclusion	None
03/01/2021	CPT	58345	Transcervical Introduction Of Fallopian Tube Catheter For Diagnosis And/Or Re-Establishing Patency (Any Method), With Or Without Hysterosalpingography	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58350	Chromotubation Of Oviduct, Including Materials	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
	CPT	58545	Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 G Or Less, And/Or Removal Of Surface Myomas	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58546	Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 G	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58555	Hysteroscopy, Diagnostic (Separate Procedure)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58559	Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
	CPT	58660	Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58662	Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58670	Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58672	Laparoscopy, Surgical; With Fimbrioplasty	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58673	Laparoscopy, Surgical; With Salpingostomy (Salpingoneostomy)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58740	Lysis Of Adhesions (Salpingolysis, Ovariolysis)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58760	Fimbrioplasty	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58770	Salpingostomy (Salpingoneostomy)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
	CPT	58800	Drainage Of Ovarian Cyst(S), Unilateral Or Bilateral (Separate Procedure); Vaginal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58805	Drainage Of Ovarian Cyst(S), Unilateral Or Bilateral (Separate Procedure); Abdominal Approach	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	58920	Wedge Resection Or Bisection Of Ovary, Unilateral Or Bilateral	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
	CPT	74440	Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	74740	Hysterosalpingography, Radiological Supervision And Interpretation	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	74742	Transcervical Catheterization Of Fallopian Tube, Radiological Supervision And Interpretation	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76830	Ultrasound, Transvaginal	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76831	Saline Infusion Sonohysterography (Sis), Including Color Flow Doppler, When Performed	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76856	Ultrasound, Pelvic (Nonobstetric), Real Time With Image Documentation; Complete	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76857	Ultrasound, Pelvic (Nonobstetric), Real Time With Image Documentation; Limited Or Follow-Up (E.G., For Follicles)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76870	Ultrasound, Scrotum And Contents	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	CPT	76872	Ultrasound, Transrectal	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None

03/01/2021		CPT	76948	Ultrasonic Guidance For Aspiration Of Ova, Imaging Supervision And Interpretation	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
		CPT	80415	Chorionic Gonadotropin Stimulation Panel; Estradiol Response This Panel Must Include The Following: Estradiol, Total (82670 X 2 On 3 Pooled Blood Samples)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	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)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	81224	Ctfr (Cystic Fibrosis Transmembrane Conductance Regulator) (E.G., Cystic Fibrosis) Gene Analysis; Intron8 Poly-T Analysis (F.G. Male Infertility)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024						Infertility DX 3.1.21		
03/01/2021		CPT	82397	Chemiluminescent Assay	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	82670	Estradiol; Total	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	83001	Gonadotropin; Follicle Stimulating Hormone (Fsh)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	83002	Gonadotropin; Luteinizing Hormone (Lh)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	83498	Hydroxyprogesterone, 17-D	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	83520	Immunoassay For Analyte Other Than Infectious Agent Antibody Or Infectious Agent Antigen; Quantitative, Not Otherwise Specified	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	12/31/2021						Infertility DX 3.1.21		
03/01/2021		CPT	84144	Progesterone	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	84146	Prolactin	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	84402	Testosterone; Free	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	84403	Testosterone; Total	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	84443	Thyroid Stimulating Hormone (Tsh)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	84830	Ovulation Tests, By Visual Color Comparison Methods For Human Luteinizing Hormone	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	88182	Flow Cytometry, Cell Cycle Or Dna Analysis	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
		CPT	88248	Chromosome Analysis For Breakage Syndromes; Baseline Breakage, Score 50-100 Cells, Count 20 Cells, 2 Karyotypes (E.G., For Ataxia Telangiectasia, Fanconi Anemia, Fragile X)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021							Infertility DX 3.1.21		
03/01/2021	06/30/2024	CPT	88261	Chromosome Analysis; Count 5 Cells, 1 Karyotype, With Banding	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024	CPT	88262	Chromosome Analysis; Count 15-20 Cells, 2 Karyotypes, With Banding	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024	CPT	88263	Chromosome Analysis; Count 45 Cells For Mosaicism, 2 Karyotypes, With Banding	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
		CPT	88273	Molecular Cytogenetics; Chromosomal In Situ Hybridization, Analyze 10-30 Cells (E.G., For Microdeletions)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024						Infertility DX 3.1.21		
03/01/2021	06/30/2024	CPT	88280	Chromosome Analysis; Additional Karyotypes, Each Study	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024	CPT	88283	Chromosome Analysis; Additional Specialized Banding Technique (E.G., Nor, C-Banding)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021	06/30/2024	CPT	88285	Chromosome Analysis; Additional Cells Counted, Each Study	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
		CPT	89260	Sperm Isolation; Simple Prep (E.G., Sperm Wash And Swim-Up) For Insemination Or Diaenosis With Semen Analysis	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89261	Sperm Isolation; Complex Prep (E.G., Percoll Gradient, Albumin Gradient) For Insemination Or Diagnosis With Semen Analysis	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021							Infertility DX 3.1.21		
		CPT	89300	Semen Analysis; Presence And/Or Motility Of Sperm Including Huhner Test (Post Coital)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89310	Semen Analysis; Motility And Count (Not Including Huhner Test)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89320	Semen Analysis; Volume, Count, Motility, And Differential	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89321	Semen Analysis; Sperm Presence And Motility Of Sperm, If Performed	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89322	Semen Analysis; Volume, Count, Motility, And Differential Using Strict Morphologic Criteria (E.G., Kruger)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89325	Sperm Antibodies	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89329	Sperm Evaluation; Hamster Penetration Test	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
		CPT	89330	Sperm Evaluation; Cervical Mucus Penetration Test, With Or Without Spinnbarkeit Test	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	89331	Sperm Evaluation, For Retrograde Ejaculation, Urine (Sperm Concentration, Motility, And Morphology, As Indicated)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		CPT	0568T	Introduction Of Mixture Of Saline And Air For Sonosalpingography To Confirm Occlusion Of Fallopian Tubes, Transcervical Approach, Including Transvaginal Ultrasound And Pelvic Ultrasound	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021							Infertility DX 3.1.21		
03/01/2021		HCPC	G0027	Semen Analysis; Presence And/Or Motility Of Sperm Excluding Huhner	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		HCPC	Q0115	Postcoital Direct, Qualitative Examinations Of Vaginal Or Cervical Mucous	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		HCPC	S3655	Antisperm Antibodies Test (Immunobead)	N	Infertility	Infertility DX 3.1.21	Excluded with specific DX codes (see column H)	None
03/01/2021		HCPC	J0248	Injection, Remdesivir, 1 Mg, Remdesivir Is A Sars-Cov-2 Nucleotide Analog Rna Polymerase Inhibitor That Is Indicated For The Treatment Of Children And Adults, Ages 12 And Older, Weighing At Least 40 Kg, With Coronavirus Disease 2019 (Covid-19) That Requires Hospitalization	N	IV Infusion Outpat	Excluded	Standard Exclusion	None
03/01/2022									
03/01/2022		CPT	96900	Actinotherapy (Ultraviolet Light)	N	Photo Therapy	Photo Therapy w. DX	Excluded with specific DX codes (see column H)	None
		CPT	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	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2021									
		CPT	99452	Interprofessional Telephone/Internet/Electronic Health Record Referral Service(S) Provided By A Treating/Requesting Physician Or Other Qualified Health Care Professional, 30 Minutes	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2021									
		HCPC	G2172	All Inclusive Payment For Services Related To Highly Coordinated And Integrated Opioid Use Disorder (Oud) Treatment Services Furnished For The Demonstration Project	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2021									
04/01/2021		HCPC	J0591	Injection, Deoxycholic Acid, 1 Mg	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2021		CPT	40500	Vermilionectomy (Lip Shave), W/Mucosal Advancement	N	Physical Appearance	Excluded	Standard Exclusion	None
04/01/2022		CPT	97750	Physical Performance Tst/Meas W/Rprt 15 Min	N	Miscellaneous	Excluded	Standard Exclusion	None
04/01/2022		CPT	0317U	Oncology (Lung Cancer), Four-Probe Fish (3Q29, 3P22.1, 10Q22.3, 10Cen) Assay, Whole Blood, Predictive Algorithm-Generated Evaluation Reported As Decreased Or Increased Risk For Lung Cancer	N	Experimental & Investigational		Standard Exclusion	None
04/01/2023							Excluded		

		CPT	07411	Remote Autonomous Algorithm-Based Recommendation System For Insulin Dose Calculation And Titration; Provision Of Software, Data Collection, Transmission, And Storage, Each 30 Days	N	Experimental & Investigational		Standard Exclusion	None
07/01/2023							Excluded		
10/01/2019	12/31/2024	HCPC	Q4205	Membrane Graft Or Membrane Wrap, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4208	Novafix, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4209	Surgraft, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4211	Amnion Bio Or Axobiomembrane, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019		HCPC	Q4212	Allogen, Per Cc	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019		HCPC	Q4213	Ascent, 0.5 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4214	Cellesta Cord, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019		HCPC	Q4215	Axolott Ambient Or Axolott Cryo, 0.1 Mg	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4216	Artacent Cord, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019		HCPC	Q4217	Woundfix, Biowound, Woundfix Plus, Biowound Plus, Woundfix Xplus Or Biowound Xnlus, Per Square Centimeter	N	Experimental & Investigational		Standard Exclusion	None
10/01/2019	12/31/2024						Excluded		
10/01/2019	12/31/2024	HCPC	Q4218	Surgicord, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4219	Surgigraft-Dual, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4220	Bellacell Hd Or Surederm, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4221	Amniowrap2, Per Square Centimeter	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2019	12/31/2024	HCPC	Q4222	Progenamatrix, Per Sq Cm	N	Experimental & Investigational	Excluded	Standard Exclusion	None
		HCPC	Q4226	Myown Skin, Includes Harvesting And Preparation Procedures, Per Square Centimeter	N	Experimental & Investigational		Standard Exclusion	None
10/01/2019	12/31/2024						Excluded		
10/01/2020		HCPC	V2524	Contact Lens, Hydrophilic, Spherical, Photochromic Additive, Per Lens	N	Adult Vision Frames	Excluded (see column I)	Excluded with specific Age and (see column J)	19-999
10/01/2020		HCPC	K1006	Suction Pump, Home Model, Portable Or Stationary, Electric, Any Type, For Use With External Urine Management System	N	Supplies and Durable Medical Equipment		Standard Exclusion	None
10/01/2020		HCPC	K1007	Bilateral Hip, Knee, Ankle, Foot Device, Powered, Includes Pelvic Component, Single Or Double Upright(S), Knee Joints Any Type, With Or Without Ankle Joints Any Type, Includes All Components And Accessories, Motors, Microprocessors, Sensors	N	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
10/01/2020							Excluded		
10/01/2020		HCPC	Q9001	Assessment By Department Of Veterans Affairs Chaplain Services	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2020		HCPC	Q9002	Counseling, Individual, By Department Of Veterans Affairs Chaplain Services	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2020		HCPC	Q9003	Counseling, Group, By Department Of Veterans Affairs Chaplain Services	N	Miscellaneous	Excluded	Standard Exclusion	None
		HCPC	K1027	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Without Fixed Mechanical Hinge, Custom Fabricated, Includes Fitting And Adjustment	N	Appliances & Prosthetics	Excluded	Standard Exclusion	None
10/01/2021		HCPC	Q9004	Department Of Veterans Affairs Whole Health Partner Services	N	Miscellaneous	Excluded	Standard Exclusion	None
10/01/2021		HCPC	S9432	Medical Foods For Non-Inborn Errors Of Metabolism	N	Miscellaneous	Excluded	Standard Exclusion	None
		CPT	0112U	Infectious Agent Detection And Identification, Targeted Sequence Analysis (16S And 18S Rrna Genes) With Drug-Resistance Gene	N	Experimental & Investigational		Standard Exclusion	None
10/01/2023							Excluded		
10/01/2023		HCPC	A9268	Programmer For Transient, Orally Ingested Capsule	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		HCPC	A9269	Programmable, Transient, Orally Ingested Capsule, For Use With External Programmer, Per Month	N	Experimental & Investigational		Standard Exclusion	None
10/01/2023							Excluded		
		HCPC	A9292	Prescription Digital Visual Therapy, Software-Only, Fda Cleared, Per Course Of Treatment	N	Experimental & Investigational		Standard Exclusion	None
10/01/2023							Excluded		
10/01/2023		HCPC	J0889	Daprodustat, Oral, 1 Mg, (For Esrd On Dialysis)	N	Experimental & Investigational	Excluded	Standard Exclusion	None
10/01/2023		HCPC	V2526	Contact Lens, Hydrophilic, With Blue-Violet Filter, Per Lens	n	Supplies and Durable Medical Equipment	Excluded	Standard Exclusion	None
10/01/2023									

[illegible]

CODE IS EXCLUDED WHEN MEMBER HAS THE FOLLOWING PLAN:

Plan ID	Plan Name	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
---------	-----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BIOFEEDBACK EXCLUSION WITH DIAGNOSIS CODE(S)

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	
F4310	Post-traumatic stress disorder, unspecified	
F4311	Post-traumatic stress disorder, acute	
F4312	Post-traumatic stress disorder, chronic	
G243	Spasmodic torticollis	
G43C0	Periodic headache syndromes in chld/adlt, not intr	
G43C1	Periodic headache syndromes in child or adult, int	
G44001	Cluster headache syndrome, unspecified, intractabl	
G44009	Cluster headache syndrome, unspecified, not intrac	
G44011	Episodic cluster headache, intractable	
G44019	Episodic cluster headache, not intractable	
G44021	Chronic cluster headache, intractable	
G44029	Chronic cluster headache, not intractable	
G441	Vascular headache, not elsewhere classified	
G44201	Tension-type headache, unspecified, intractable	
G44209	Tension-type headache, unspecified, not intractabl	
G44211	Episodic tension-type headache, intractable	
G44219	Episodic tension-type headache, not intractable	
G44221	Chronic tension-type headache, intractable	
G44229	Chronic tension-type headache, not intractable	
G44301	Post-traumatic headache, unspecified, intractable	
G44309	Post-traumatic headache, unspecified, not intracta	
G44311	Acute post-traumatic headache, intractable	
G44319	Acute post-traumatic headache, not intractable	
G44321	Chronic post-traumatic headache, intractable	
G44329	Chronic post-traumatic headache, not intractable	
G4440	Drug-induced headache, NEC, not intractable	
G4441	Drug-induced headache, not elsewhere classified, i	
G4452	New daily persistent headache (NDPH)	
G4453	Primary thunderclap headache	
G4459	Other complicated headache syndrome	
G4481	Hypnic headache	
G4482	Headache associated with sexual activity	
G4483	Primary cough headache	
G4484	Primary exertional headache	
G4485	Primary stabbing headache	
G4489	Other headache syndrome	
M436	Torticollis	
N393	Stress incontinence (female) (male)	
N3941	Urge incontinence	
N3942	Incontinence without sensory awareness	
N3943	Post-void dribbling	
N3944	Nocturnal enuresis	
N3945	Continuous leakage	
N3946	Mixed incontinence	
N39490	Overflow incontinence	
N39492	POSTURAL INCONTINENCE	
N39498	Other specified urinary incontinence	
N99523	Herniation Of Incontinent Stoma Of Urinary Tract	
N99524	Stenosis Of Incontinent Stoma Of Urinary Tract	
N99538	Other complication of other stoma of urinary tract	
R29891	Ocular torticollis	
R32	Unspecified urinary incontinence	
R3981	Functional urinary incontinence	
R51	Headache	
F444	Hysterical torticollis; Conversion disorder with motor symptom or deficit	
N99528	Other complication of incontinent external stoma of urinary tract	
R510	Headache With Orthostatic Component, Not Elsewhere Classified	9.17.20 AF- Effective 10/1/2020 newly added ICD-10 code
R519	Headache, Unspecified	9.17.20 AF- Effective 10/1/2020 newly added ICD-10 code

GENDER REASSIGNMENT EXCLUSION WITH DIAGNOSIS CODE(S)

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
F641	Gender identity disorder in adolescence and adulth
F642	Gender identity disorder of childhood
F648	Other gender identity disorders
F649	Gender identity disorder, unspecified
Q563	Pseudohermaphroditism, unspecified
Q564	Indeterminate sex, unspecified
Z87890	Personal history of sex reassignment

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
L74510	Primary Focal Hyperhidrosis, Axilla	
L74511	Primary Focal Hyperhidrosis, Face	
L74512	Primary Focal Hyperhidrosis, Palms	
L74513	Primary Focal Hyperhidrosis, Soles	
L74519	Primary Focal Hyperhidrosis, Unspecified	
L7452	Secondary Focal Hyperhidrosis	
R61	Generalized Hyperhidrosis	

INFERTILITY EXCLUSION WITH DIAGNOSIS CODE(S)

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
N4601	ORGANIC AZOOSPERMIA
N46021	AZOOSPERMIA DUE TO DRUG THERAPY
N46022	AZOOSPERMIA DUE TO INFECTION
N46023	AZOOSPERMIA DUE TO OBSTRUCTION OF EFFERENT DUCTS
N46024	AZOOSPERMIA DUE TO RADIATION
N46025	AZOOSPERMIA DUE TO SYSTEMIC DISEASE
N46029	AZOOSPERMIA DUE TO OTHER EXTRATESTICULAR CAUSES
N4611	ORGANIC OLIGOSPERMIA
N46121	OLIGOSPERMIA DUE TO DRUG THERAPY
N46122	OLIGOSPERMIA DUE TO INFECTION
N46123	OLIGOSPERMIA DUE TO OBSTRUCTION OF EFFERENT DUCTS
N46124	OLIGOSPERMIA DUE TO RADIATION
N46125	OLIGOSPERMIA DUE TO SYSTEMIC DISEASE
N46129	OLIGOSPERMIA DUE TO OTHER EXTRATESTICULAR CAUSES
N468	OTHER MALE INFERTILITY
N469	MALE INFERTILITY, UNSPECIFIED
N970	FEMALE INFERTILITY ASSOCIATED WITH ANOVULATION
N971	FEMALE INFERTILITY OF TUBAL ORIGIN
N972	FEMALE INFERTILITY OF UTERINE ORIGIN
N978	FEMALE INFERTILITY OF OTHER ORIGIN
N979	FEMALE INFERTILITY, UNSPECIFIED
Z310	ENCOUNTER FOR REVERSAL OF PREVIOUS STERILIZATION
Z3142	AFTERCARE FOLLOWING STERILIZATION REVERSAL
Z3162	ENCOUNTER FOR FERTILITY PRESERVATION COUNSELING
Z317	ENCOUNTER FOR PROCREATIVE MANAGEMENT AND COUNSELING FOR GESTATIONAL CARRIER
Z3181	MALE FACTOR INFERTILITY IN FEMALE
Z3182	ENCOUNTER FOR RH INCOMPATIBILITY STATUS
Z3183	ENCOUNTER FOR ASSISTED REPRODUCTIVE FERTILITY PROCEDURE CYCLE
Z3184	ENCOUNTER FOR FERTILITY PRESERVATION PROCEDURE
Z3189	ENCOUNTER FOR OTHER PROCREATIVE MANAGEMENT
Z319	ENCOUNTER FOR PROCREATIVE MANAGEMENT, UNSPECIFIED
N980	INFECTION ASSOCIATED WITH ARTIFICIAL INSEMINATION
N981	HYPERSTIMULATION OF OVARIES
N982	COMPLICATIONS OF ATTEMPTED INTRODUCTION OF FERTILIZED OVUM FOLLOWING IN VITRO FERTILIZATION
N983	COMPLICATIONS OF ATTEMPTED INTRODUCTION OF EMBRYO IN EMBRYO TRANSFER
N988	OTHER COMPLICATIONS ASSOCIATED WITH ARTIFICIAL FERTILIZATION
N989	COMPLICATION ASSOCIATED WITH ARTIFICIAL FERTILIZATION, UNSPECIFIED
E2839	OTHER PRIMARY OVARIAN FAILURE

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

ABORTION LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
E7871	Barth syndrome	
E7872	Smith-Lemli-Opitz syndrome	
O000	Abdominal pregnancy	
O001	Tubal pregnancy	
O002	Ovarian pregnancy	
O008	Other ectopic pregnancy	
O009	Ectopic pregnancy, unspecified	
O010	Classical hydatidiform mole	
O011	Incomplete and partial hydatidiform mole	
O019	Hydatidiform mole, unspecified	
O020	Blighted ovum and nonhydatidiform mole	
O021	Missed abortion	
O0281	Inapprop chg quantitav hCG in early pregnancy	
O0289	Other abnormal products of conception	
O029	Abnormal product of conception, unspecified	
O030	Genitt trct and pelvic infection fol incmpl spon a	
O031	Delayed or excessive hemor following incmpl spon a	
O032	Embolism following incomplete spontaneous abortion	
O0330	Unsp complication following incomplete spontaneous	
O0331	Shock following incomplete spontaneous abortion	
O0332	Renal failure following incomplete spontaneous abo	
O0333	Metabolic disorder following incomplete spontaneou	
O0334	Damage to pelvic organs following incomplete spon	
O0335	Oth venous comp following incomplete spontaneous a	
O0336	Cardiac arrest following incomplete spontaneous ab	
O0337	Sepsis following incomplete spontaneous abortion	
O0338	Urinary tract infection following incomplete spon	
O0339	Incomplete spontaneous abortion with other complic	
O034	Incomplete spontaneous abortion without complicati	
O035	Genitt trct and pelvic infct fol complete or unsp	
O036	Delayed or excess hemor fol complete or unsp spon	
O037	Embolism following complete or unsp spontaneous ab	
O0380	Unsp comp following complete or unsp spontaneous a	
O0381	Shock following complete or unspecified spontaneou	
O0382	Renal failure following complete or unsp spon abor	
O0383	Metabolic disorder following complete or unsp spon	
O0384	Damage to pelvic organs fol complete or unsp spon	
O0385	Oth venous comp following complete or unsp spon ab	
O0386	Cardiac arrest following complete or unsp spon abo	
O0387	Sepsis following complete or unsp spontaneous abor	
O0388	Urinary tract infection fol complete or unsp spon	
O0389	Complete or unsp spontaneous abortion with oth com	
O039	Complete or unsp spontaneous abortion without comp	
O3111X0	Cont preg aft spon abort of one fts or more, first	
O3111X1	Cont preg aft spon abort of one fts or more, first	
O3111X2	Cont preg aft spon abort of one fts or more, first	
O3111X3	Cont preg aft spon abort of one fts or more, first	
O3111X4	Cont preg aft spon abort of one fts or more, first	
O3111X5	Cont preg aft spon abort of one fts or more, first	
O3111X9	Cont preg aft spon abort of one fts or more, first	
O3112X0	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X1	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X2	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X3	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X4	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X5	Cont preg aft spon abort of one fetus or more, 2nd	
O3112X9	Cont preg aft spon abort of one fetus or more, 2nd	
O3113X0	Cont preg aft spon abort of one fts or more, third	
O3113X1	Cont preg aft spon abort of one fts or more, third	
O3113X2	Cont preg aft spon abort of one fts or more, third	
O3113X3	Cont preg aft spon abort of one fts or more, third	
O3113X4	Cont preg aft spon abort of one fts or more, third	
O3113X5	Cont preg aft spon abort of one fts or more, third	
O3113X9	Cont preg aft spon abort of one fts or more, third	
O3121X0	Cont preg aft uterin dth of one fts or more, first	
O3121X1	Cont preg aft uterin dth of one fts or more, first	
O3121X2	Cont preg aft uterin dth of one fts or more, first	
O3121X3	Cont preg aft uterin dth of one fts or more, first	
O3121X4	Cont preg aft uterin dth of one fts or more, first	
O3121X5	Cont preg aft uterin dth of one fts or more, first	
O3121X9	Cont preg aft uterin dth of one fts or more, first	
O3122X0	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X1	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X2	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X3	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X4	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X5	Cont preg aft uterin dth of one fetus or more, 2nd	
O3122X9	Cont preg aft uterin dth of one fetus or more, 2nd	
O3123X0	Cont preg aft uterin dth of one fts or more, third	
O3123X1	Cont preg aft uterin dth of one fts or more, third	
O3123X2	Cont preg aft uterin dth of one fts or more, third	
O3123X3	Cont preg aft uterin dth of one fts or more, third	
O3123X4	Cont preg aft uterin dth of one fts or more, third	
O3123X5	Cont preg aft uterin dth of one fts or more, third	
O3123X9	Cont preg aft uterin dth of one fts or more, third	
O350XX0	Maternal care for (suspected) cnsl malform in fetu	
O350XX1	Maternal care for (suspected) cnsl malform in fetu	
O350XX2	Maternal care for (suspected) cnsl malform in fetu	
O350XX3	Maternal care for (suspected) cnsl malform in fetu	
O350XX4	Maternal care for (suspected) cnsl malform in fetu	
O350XX5	Maternal care for (suspected) cnsl malform in fetu	
O350XX9	Maternal care for (suspected) cnsl malform in fetu	
O351XX0	Maternal care for chromosomal abnormality in fetus	
O351XX1	Maternal care for chromosomal abnormality in fetus	
O351XX2	Maternal care for chromosomal abnormality in fetus	
O351XX3	Maternal care for chromosomal abnormality in fetus	
O351XX4	Maternal care for chromosomal abnormality in fetus	
O351XX5	Maternal care for chromosomal abnormality in fetus	
O351XX9	Maternal care for chromosomal abnormality in fetus	
O352XX0	Maternal care for hereditary disease in fetus, uns	
O352XX1	Maternal care for hereditary disease in fetus, fet	
O352XX2	Maternal care for hereditary disease in fetus, fet	
O352XX3	Maternal care for hereditary disease in fetus, fet	
O352XX4	Maternal care for hereditary disease in fetus, fet	
O352XX5	Maternal care for hereditary disease in fetus, fet	
O352XX9	Maternal care for hereditary disease in fetus, oth	
O353XX0	Matern care for damag to fts from viral dis in mot	
O353XX1	Matern care for damag to fts from viral dis in mot	

O353XX2	Matern care for damag to fts from viral dis in mot
O353XX3	Matern care for damag to fts from viral dis in mot
O353XX4	Matern care for damag to fts from viral dis in mot
O353XX5	Matern care for damag to fts from viral dis in mot
O353XX9	Matern care for damag to fetus from viral dis in m
O354XX0	Maternal care for damage to fetus from alcohol, un
O354XX1	Maternal care for damage to fetus from alcohol, fe
O354XX2	Maternal care for damage to fetus from alcohol, fe
O354XX3	Maternal care for damage to fetus from alcohol, fe
O354XX4	Maternal care for damage to fetus from alcohol, fe
O354XX5	Maternal care for damage to fetus from alcohol, fe
O354XX9	Maternal care for damage to fetus from alcohol, ot
O355XX0	Maternal care for (suspected) damage to fetus by d
O355XX1	Maternal care for damage to fetus by drugs, fetus
O355XX2	Maternal care for damage to fetus by drugs, fetus
O355XX3	Maternal care for damage to fetus by drugs, fetus
O355XX4	Maternal care for damage to fetus by drugs, fetus
O355XX5	Maternal care for damage to fetus by drugs, fetus
O355XX9	Maternal care for (suspected) damage to fetus by d
O356XX0	Maternal care for damage to fetus by radiation, un
O356XX1	Maternal care for damage to fetus by radiation, fe
O356XX2	Maternal care for damage to fetus by radiation, fe
O356XX3	Maternal care for damage to fetus by radiation, fe
O356XX4	Maternal care for damage to fetus by radiation, fe
O356XX5	Maternal care for damage to fetus by radiation, fe
O356XX9	Maternal care for damage to fetus by radiation, ot
O358XX0	Maternal care for oth fetal abnormality and damage
O358XX1	Maternal care for oth fetal abnormality and damage
O358XX2	Maternal care for oth fetal abnormality and damage
O358XX3	Maternal care for oth fetal abnormality and damage
O358XX4	Maternal care for oth fetal abnormality and damage
O358XX5	Maternal care for oth fetal abnormality and damage
O358XX9	Maternal care for oth fetal abnormality and damage
O359XX0	Maternal care for fetal abnormality and damage, un
O359XX1	Maternal care for fetal abnlt and damage, unsp, fe
O359XX2	Maternal care for fetal abnlt and damage, unsp, fe
O359XX3	Maternal care for fetal abnlt and damage, unsp, fe
O359XX4	Maternal care for fetal abnlt and damage, unsp, fe
O359XX5	Maternal care for fetal abnlt and damage, unsp, fe
O359XX9	Maternal care for fetal abnormality and damage, un
O364XX0	Maternal care for intrauterine death, not applicab
O364XX1	Maternal care for intrauterine death, fetus 1
O364XX2	Maternal care for intrauterine death, fetus 2
O364XX3	Maternal care for intrauterine death, fetus 3
O364XX4	Maternal care for intrauterine death, fetus 4
O364XX5	Maternal care for intrauterine death, fetus 5
O364XX9	Maternal care for intrauterine death, other fetus
O411010	Infct of amniotic sac and membrns, unsp, first tri
O411011	Infct of amniotic sac and membrns, unsp, first tri
O411012	Infct of amniotic sac and membrns, unsp, first tri
O411013	Infct of amniotic sac and membrns, unsp, first tri
O411014	Infct of amniotic sac and membrns, unsp, first tri
O411015	Infct of amniotic sac and membrns, unsp, first tri
O411019	Infct of amniotic sac and membrns, unsp, first tri
O411020	Infct of amniotic sac and membrns, unsp, second tr
O411021	Infct of amniotic sac and membrns, unsp, second tr
O411022	Infct of amniotic sac and membrns, unsp, second tr
O411023	Infct of amniotic sac and membrns, unsp, second tr
O411024	Infct of amniotic sac and membrns, unsp, second tr
O411025	Infct of amniotic sac and membrns, unsp, second tr
O411029	Infct of amniotic sac and membrns, unsp, second tr
O411030	Infct of amniotic sac and membrns, unsp, third tri
O411031	Infct of amniotic sac and membrns, unsp, third tri
O411032	Infct of amniotic sac and membrns, unsp, third tri
O411033	Infct of amniotic sac and membrns, unsp, third tri
O411034	Infct of amniotic sac and membrns, unsp, third tri
O411035	Infct of amniotic sac and membrns, unsp, third tri
O411039	Infct of amniotic sac and membrns, unsp, third tri
O411090	Infct of amniotic sac and membrns, unsp, unsp tri,
O411091	Infct of amniotic sac and membrns, unsp, unsp tri,
O411092	Infct of amniotic sac and membrns, unsp, unsp tri,
O411093	Infct of amniotic sac and membrns, unsp, unsp tri,
O411094	Infct of amniotic sac and membrns, unsp, unsp tri,
O411095	Infct of amniotic sac and membrns, unsp, unsp tri,
O411099	Infct of amniotic sac and membrns, unsp, unsp trim
O411210	Chorioamnionitis, first trimester, not applicable
O411211	Chorioamnionitis, first trimester, fetus 1
O411212	Chorioamnionitis, first trimester, fetus 2
O411213	Chorioamnionitis, first trimester, fetus 3
O411214	Chorioamnionitis, first trimester, fetus 4
O411215	Chorioamnionitis, first trimester, fetus 5
O411219	Chorioamnionitis, first trimester, other fetus
O411220	Chorioamnionitis, second trimester, not applicable
O411221	Chorioamnionitis, second trimester, fetus 1
O411222	Chorioamnionitis, second trimester, fetus 2
O411223	Chorioamnionitis, second trimester, fetus 3
O411224	Chorioamnionitis, second trimester, fetus 4
O411225	Chorioamnionitis, second trimester, fetus 5
O411229	Chorioamnionitis, second trimester, other fetus
O411230	Chorioamnionitis, third trimester, not applicable
O411231	Chorioamnionitis, third trimester, fetus 1
O411232	Chorioamnionitis, third trimester, fetus 2
O411233	Chorioamnionitis, third trimester, fetus 3
O411234	Chorioamnionitis, third trimester, fetus 4
O411235	Chorioamnionitis, third trimester, fetus 5
O411239	Chorioamnionitis, third trimester, other fetus
O411290	Chorioamnionitis, unsp trimester, not applicable o
O411291	Chorioamnionitis, unspecified trimester, fetus 1
O411292	Chorioamnionitis, unspecified trimester, fetus 2
O411293	Chorioamnionitis, unspecified trimester, fetus 3
O411294	Chorioamnionitis, unspecified trimester, fetus 4
O411295	Chorioamnionitis, unspecified trimester, fetus 5
O411299	Chorioamnionitis, unspecified trimester, other fet
O411410	Placentitis, first trimester, not applicable or un
O411411	Placentitis, first trimester, fetus 1
O411412	Placentitis, first trimester, fetus 2
O411413	Placentitis, first trimester, fetus 3
O411414	Placentitis, first trimester, fetus 4
O411415	Placentitis, first trimester, fetus 5
O411419	Placentitis, first trimester, other fetus
O411420	Placentitis, second trimester, not applicable or u
O411421	Placentitis, second trimester, fetus 1

O411422	Placentitis, second trimester, fetus 2
O411423	Placentitis, second trimester, fetus 3
O411424	Placentitis, second trimester, fetus 4
O411425	Placentitis, second trimester, fetus 5
O411429	Placentitis, second trimester, other fetus
O411430	Placentitis, thir d trimester, not applicable or un
O411431	Placentitis, third trimester, fetus 1
O411432	Placentitis, third trimester, fetus 2
O411433	Placentitis, third trimester, fetus 3
O411434	Placentitis, third trimester, fetus 4
O411435	Placentitis, third trimester, fetus 5
O411439	Placentitis, third trimester, other fetus
O411490	Placentitis, unsp trimester, not applicable or uns
O411491	Placentitis, unspecified trimester, fetus 1
O411492	Placentitis, unspecified trimester, fetus 2
O411493	Placentitis, unspecified trimester, fetus 3
O411494	Placentitis, unspecified trimester, fetus 4
O411495	Placentitis, unspecified trimester, fetus 5
O411499	Placentitis, unspecified trimester, other fetus
Q554	Oth congen malform of vas def,epidid, semnl vescl
Q851	Tuberous sclerosis
Q858	Other phakomatoses, not elsewhere classified
Q859	Phakomatosis, unspecified
Q871	Congenital malform syndromes predom assoc w short
Q872	Congenital malformation syndromes predom involving
Q873	Congenital malformation syndromes involving early
Q8740	Marfan's syndrome, unspecified
Q87410	Marfan's syndrome with aortic dilation
Q87418	Marfan's syndrome with other cardiovascular manife
Q8742	Marfan's syndrome with ocular manifestations
Q8743	Marfan's syndrome with skeletal manifestation
Q875	Oth congenital malformation syndromes w oth skelet
Q8781	Alport syndrome
Q8789	Oth congenital malformation syndromes, NEC
Q8901	Asplenia (congenital)
Q8909	Congenital malformations of spleen
Q891	Congenital malformations of adrenal gland
Q892	Congenital malformations of other endocrine glands
Q893	Situs inversus
Q894	Conjoined twins
Q897	Multiple congenital malformations, not elsewhere c
Q898	Other specified congenital malformations
Q899	Congenital malformation, unspecified
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q902	Trisomy 21, translocation
Q909	Down syndrome, unspecified
Q910	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)
Q912	Trisomy 18, translocation
Q913	Trisomy 18, unspecified
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q915	Trisomy 13, mosaicism (mitotic nondisjunction)
Q916	Trisomy 13, translocation
Q917	Trisomy 13, unspecified
Q920	Whole chromosome trisomy, nonmosaic (meiotic nondi
Q921	Whole chromosome trisomy, mosaicism (mitotic nondi
Q922	Partial trisomy
Q925	Duplications with other complex rearrangements
Q9261	Marker chromosomes in normal individual
Q9262	Marker chromosomes in abnormal individual
Q927	Triploidy and polyploidy
Q928	Other specified trisomies and partial trisomies of
Q929	Trisomy and partial trisomy of autosomes, unspecif
Q930	Whole chromosome monosomy,nonmosaic (meiotic nondi
Q931	Whole chromosome monosomy, mosaic (mitotic nondisj
Q932	Chromosome replaced with ring, dicentric or isochr
Q933	Deletion of short arm of chromosome 4
Q934	Deletion of short arm of chromosome 5
Q935	Other deletions of part of a chromosome
Q937	Deletions with other complex rearrangements
Q9381	Velo-cardio-facial syndrome
Q9388	Other microdeletions
Q9389	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified
Q950	Balanced translocation and insertion in normal ind
Q951	Chromosome inversion in normal individual
Q952	Balanced autosomal rearrangement in abnormal indiv
Q953	Balanced sex/autosomal rearrangement in abnormal i
Q955	Individual with autosomal fragile site
Q958	Other balanced rearrangements and structural marke
Q959	Balanced rearrangement and structural marker, unsp
Q960	Karyotype 45, X
Q961	Karyotype 46, X iso (Xq)
Q962	Karyotype 46, X w abnormal sex chromosome, except
Q963	Mosaicism, 45, X/46, XX or XY
Q964	Mosaic, 45, X/other cell line(s) w abnormal sex ch
Q968	Other variants of Turner's syndrome
Q969	Turner's syndrome, unspecified
Q970	Karyotype 47, XXX
Q971	Female with more than three X chromosomes
Q972	Mosaicism, lines with various numbers of X chromos
Q973	Female with 46, XY karyotype
Q978	Oth sex chromosome abnormalities, female phenotype
Q979	Sex chromosome abnormality, female phenotype, unsp
Q980	Klinefelter syndrome karyotype 47, XXY
Q981	Klinefelter syndrome, male with more than two X ch
Q983	Other male with 46, XX karyotype
Q984	Klinefelter syndrome, unspecified
Q985	Karyotype 47, XYY
Q986	Male with structurally abnormal sex chromosome
Q987	Male with sex chromosome mosaicism
Q988	Other specified sex chromosome abnormalities, male
Q989	Sex chromosome abnormality, male phenotype, unspec
Q990	Chimera 46, XX/46, XY
Q991	46, XX true hermaphrodite
Q992	Fragile X chromosome
Q998	Other specified chromosome abnormalities
Q999	Chromosomal abnormality, unspecified
Y048XXA	Assault by other bodily force, initial encounter

APPLIANCES AND PROSTHETICS LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
G4733	Obstructive sleep apnea (adult) (pediatric)	

BEHAVIORAL TMS (TRANSCRANIAL MAGNETIC STIMULATION) LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
F322	Major depressv disord, single epsd, sev w/o psych
F332	Major depressv disorder, recurrent severe w/o psyc

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

Chemical Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

Column1	Column2
C4400	Unspecified malignant neoplasm of skin of lip
C4401	Basal cell carcinoma of skin of lip
C4402	Squamous cell carcinoma of skin of lip
C4409	Other specified malignant neoplasm of skin of lip
C44101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
C44102	Unspecified malignant neoplasm of skin of right eyelid, including canthus
C44109	Unspecified malignant neoplasm of skin of left eyelid, including canthus
C44111	Basal cell carcinoma of skin of unspecified eyelid, including canthus
C44112	Basal cell carcinoma of skin of right eyelid, including canthus
C44119	Basal cell carcinoma of skin of left eyelid, including canthus
C44121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus
C44122	Squamous cell carcinoma of skin of right eyelid, including canthus
C44129	Squamous cell carcinoma of skin of left eyelid, including canthus
C44191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
C44192	Other specified malignant neoplasm of skin of right eyelid, including canthus
C44199	Other specified malignant neoplasm of skin of left eyelid, including canthus
C44201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44202	Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44209	Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44211	Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44212	Basal cell carcinoma of skin of right ear and external auricular canal
C44219	Basal cell carcinoma of skin of left ear and external auricular canal
C44221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44292	Other specified malignant neoplasm of skin of right ear and external auricular canal
C44299	Other specified malignant neoplasm of skin of left ear and external auricular canal
C44300	Unspecified malignant neoplasm of skin of unspecified part of face
C44301	Unspecified malignant neoplasm of skin of nose
C44309	Unspecified malignant neoplasm of skin of other parts of face
C44310	Basal cell carcinoma of skin of unspecified parts of face
C44311	Basal cell carcinoma of skin of nose
C44319	Basal cell carcinoma of skin of other parts of face
C44320	Squamous cell carcinoma of skin of unspecified parts of face
C44321	Squamous cell carcinoma of skin of nose
C44329	Squamous cell carcinoma of skin of other parts of face
C44390	Other specified malignant neoplasm of skin of unspecified parts of face
C44391	Other specified malignant neoplasm of skin of nose
C44399	Other specified malignant neoplasm of skin of other parts of face
C4440	Unspecified malignant neoplasm of skin of scalp and neck
C4441	Basal cell carcinoma of skin of scalp and neck
C4442	Squamous cell carcinoma of skin of scalp and neck
C4449	Other specified malignant neoplasm of skin of scalp and neck
C44500	Unspecified malignant neoplasm of anal skin
C44501	Unspecified malignant neoplasm of skin of breast
C44509	Unspecified malignant neoplasm of skin of other part of trunk
C44510	Basal cell carcinoma of anal skin
C44511	Basal cell carcinoma of skin of breast
C44519	Basal cell carcinoma of skin of other part of trunk
C44520	Squamous cell carcinoma of anal skin
C44521	Squamous cell carcinoma of skin of breast
C44529	Squamous cell carcinoma of skin of other parts of trunk
C44590	Other specified malignant neoplasm of anal skin
C44591	Other specified malignant neoplasm of skin of breast
C44599	Other specified malignant neoplasm of skin of other parts of trunk
C44601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder
C44609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder
C44611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder
C44612	Basal cell carcinoma of skin of right upper limb, including shoulder
C44619	Basal cell carcinoma of skin of left upper limb, including shoulder
C44621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder
C44622	Squamous cell carcinoma of skin of right upper limb, including shoulder
C44629	Squamous cell carcinoma of skin of left upper limb, including shoulder
C44691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
C44692	Other specified malignant neoplasm of skin of right upper limb, including shoulder
C44699	Other specified malignant neoplasm of skin of left upper limb, including shoulder
C44701	Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
C44702	Unspecified malignant neoplasm of skin of right lower limb, including hip
C44709	Unspecified malignant neoplasm of skin of left lower limb, including hip
C44711	Basal cell carcinoma of skin of unspecified lower limb, including hip
C44712	Basal cell carcinoma of skin of right lower limb, including hip
C44719	Basal cell carcinoma of skin of left lower limb, including hip
C44721	Squamous cell carcinoma of skin of unspecified lower limb, including hip
C44722	Squamous cell carcinoma of skin of right lower limb, including hip
C44729	Squamous cell carcinoma of skin of left lower limb, including hip
C44791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip
C44792	Other specified malignant neoplasm of skin of right lower limb, including hip
C44799	Other specified malignant neoplasm of skin of left lower limb, including hip
C4480	Unspecified malignant neoplasm of overlapping sites of skin
C4481	Basal cell carcinoma of overlapping sites of skin
C4482	Squamous cell carcinoma of overlapping sites of skin
C4489	Other specified malignant neoplasm of overlapping sites of skin
C4490	Unspecified malignant neoplasm of skin, unspecified
C4491	Basal cell carcinoma of skin, unspecified
C4492	Squamous cell carcinoma of skin, unspecified
C4499	Other specified malignant neoplasm of skin, unspecified
D030	Melanoma in situ of lip
D0310	Melanoma in situ of unspecified eyelid, including canthus
D0311	Melanoma in situ of right eyelid, including canthus
D0312	Melanoma in situ of left eyelid, including canthus
D0320	Melanoma in situ of unspecified ear and external auricular canal
D0321	Melanoma in situ of right ear and external auricular canal
D0322	Melanoma in situ of left ear and external auricular canal
D0330	Melanoma in situ of unspecified part of face
D0339	Melanoma in situ of other parts of face
D034	Melanoma in situ of scalp and neck
D0351	Melanoma in situ of anal skin
D0352	Melanoma in situ of breast (skin) (soft tissue)
D0359	Melanoma in situ of other part of trunk
D0360	Melanoma in situ of unspecified upper limb, including shoulder
D0361	Melanoma in situ of right upper limb, including shoulder
D0362	Melanoma in situ of left upper limb, including shoulder
D0370	Melanoma in situ of unspecified lower limb, including hip
D0371	Melanoma in situ of right lower limb, including hip
D0372	Melanoma in situ of left lower limb, including hip
D038	Melanoma in situ of other sites
D039	Melanoma in situ, unspecified
D040	Carcinoma in situ of skin of lip
D0410	Carcinoma in situ of skin of unspecified eyelid, including canthus
D0411	Carcinoma in situ of skin of right eyelid, including canthus
D0412	Carcinoma in situ of skin of left eyelid, including canthus
D0420	Carcinoma in situ of skin of unspecified ear and external auricular canal
D0421	Carcinoma in situ of skin of right ear and external auricular canal
D0422	Carcinoma in situ of skin of left ear and external auricular canal
D0430	Carcinoma in situ of skin of unspecified part of face
D0439	Carcinoma in situ of skin of other parts of face

D044	Carcinoma in situ of skin of scalp and neck	
D045	Carcinoma in situ of skin of trunk	
D0460	Carcinoma in situ of skin of unspecified upper limb, including shoulder	
D0461	Carcinoma in situ of skin of right upper limb, including shoulder	
D0462	Carcinoma in situ of skin of left upper limb, including shoulder	
D0470	Carcinoma in situ of skin of unspecified lower limb, including hip	
D0471	Carcinoma in situ of skin of right lower limb, including hip	
D0472	Carcinoma in situ of skin of left lower limb, including hip	
D048	Carcinoma in situ of skin of other sites	
D049	Carcinoma in situ of skin, unspecified	
D220	Melanocytic nevi of lip	
D2210	Melanocytic nevi of unspecified eyelid, including canthus	
D2211	Melanocytic nevi of right eyelid, including canthus	
D2212	Melanocytic nevi of left eyelid, including canthus	
D2220	Melanocytic nevi of unspecified ear and external auricular canal	
D2221	Melanocytic nevi of right ear and external auricular canal	
D2222	Melanocytic nevi of left ear and external auricular canal	
D2230	Melanocytic nevi of unspecified part of face	
D2239	Melanocytic nevi of other parts of face	
D224	Melanocytic nevi of scalp and neck	
D225	Melanocytic nevi of trunk	
D2260	Melanocytic nevi of unspecified upper limb, including shoulder	
D2261	Melanocytic nevi of right upper limb, including shoulder	
D2262	Melanocytic nevi of left upper limb, including shoulder	
D2270	Melanocytic nevi of unspecified lower limb, including hip	
D2271	Melanocytic nevi of right lower limb, including hip	
D2272	Melanocytic nevi of left lower limb, including hip	
D229	Melanocytic nevi, unspecified	
D230	Other benign neoplasm of skin of lip	
D2310	Other benign neoplasm of skin of unspecified eyelid, including canthus	
D2311	Other benign neoplasm of skin of right eyelid, including canthus	
D2312	Other benign neoplasm of skin of left eyelid, including canthus	
D2320	Other benign neoplasm of skin of unspecified ear and external auricular canal	
D2321	Other benign neoplasm of skin of right ear and external auricular canal	
D2322	Other benign neoplasm of skin of left ear and external auricular canal	
D2330	Other benign neoplasm of skin of unspecified part of face	
D2339	Other benign neoplasm of skin of other parts of face	
D234	Other benign neoplasm of skin of scalp and neck	
D235	Other benign neoplasm of skin of trunk	
D2360	Other benign neoplasm of skin of unspecified upper limb, including shoulder	
D2361	Other benign neoplasm of skin of right upper limb, including shoulder	
D2362	Other benign neoplasm of skin of lower limb, including hip	
D2370	Other benign neoplasm of skin of unspecified lower limb, including hip	
D2371	Other benign neoplasm of skin of right lower limb, including hip	
D2372	Other benign neoplasm of skin of left lower limb, including hip	
D239	Other benign neoplasm of skin, unspecified	
D485	Neoplasm of uncertain behavior of skin	
D492	Neoplasm of unspecified behavior of bone, soft tissue, and skin	
L570	Actinic keratosis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B070	Plantar wart	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
A630	Anogenital (venereal) warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B078	Other viral warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B079	Viral wart, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B081	Molluscum contagiosum	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D072	Carcinoma in situ of vagina	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D100	Benign neoplasm of lip	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D2112	Ben neoplsm of connctv/soft tiss of left upr limb	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D213	Benign neoplasm of connective and oth soft tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D216	Benign neoplasm of connctv/soft tiss of trunk, uns	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
H0011	Chalazion right upper eyelid	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K1321	Leukoplakia of oral mucosa, including tongue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K612	Anorectal abscess	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K644	Residual hemorrhoidal skin tags	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L281	Prurigo nodularis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L439	Lichen planus, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L728	Other follicular cysts of the skin and subcutaneou	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L729	Follicular cyst of the skin and subcutaneous tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L732	Hidradenitis suppurativa	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L738	Other specified follicular disorders	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L820	Inflamed seborrheic keratosis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L980	Pyogenic granuloma	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
M6740	Ganglion, unspecified site	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
N849	Polyp of female genital tract, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8500	Neurofibromatosis, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8501	Neurofibromatosis, type 1	

COCHLEAR IMPLANT LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
H903	Sensorineural hearing loss, bilateral	
H905	Unspecified sensorineural hearing loss	
H906	Mixed conductive and sensorineural hearing loss, b	
H908	Mixed conductive and sensorineural hearing loss, u	
H9193	Unspecified hearing loss, bilateral	

COGNITIVE SKILLS LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
F840	Autistic disorder	
F842	Rett's syndrome	
F843	Other childhood disintegrative disorder	
F845	Asperger's syndrome	
F848	Other pervasive developmental disorders	
F849	Pervasive developmental disorder, unspecified	
I6000	Ntrm subarach hemorrhage from unsp carotid siphon	
I6001	Ntrm subarach hemor from right carotid siphon and	
I6002	Ntrm subarach hemorrhage from left carotid siphon	
I6010	Ntrm subarach hemorrhage from unsp middle cerebral	
I6011	Ntrm subarach hemorrhage from right middle cerebra	
I6012	Ntrm subarach hemorrhage from left middle cerebral	
I6020	Ntrm subarach hemor from unsp anterior communicati	
I6021	Ntrm subarach hemor from right anterior communicat	
I6022	Ntrm subarach hemor from left anterior communicati	
I6030	Ntrm subarach hemor from unsp posterior communicat	
I6031	Ntrm subarach hemor from right post communicating	
I6032	Ntrm subarach hemor from left posterior communicat	
I604	Nontraumatic subarachnoid hemorrhage from basilar	
I6050	Nontraumatic subarachnoid hemorrhage from unsp ver	
I6051	Nontraumatic subarachnoid hemorrhage from r verteb	
I6052	Nontraumatic subarachnoid hemorrhage from l verteb	
I606	Nontraumatic subarachnoid hemorrhage from oth intr	
I607	Nontraumatic subarachnoid hemorrhage from unsp int	
I608	Other nontraumatic subarachnoid hemorrhage	
I609	Nontraumatic subarachnoid hemorrhage, unspecified	
I610	Nontraumatic intcrbl hemorrhage in hemisphere, sub	
I611	Nontraumatic intcrbl hemorrhage in hemisphere, cor	
I612	Nontraumatic intracerebral hemorrhage in hemispher	
I613	Nontraumatic intracerebral hemorrhage in brain ste	
I614	Nontraumatic intracerebral hemorrhage in cerebellu	
I615	Nontraumatic intracerebral hemorrhage, intraventri	
I616	Nontraumatic intracerebral hemorrhage, multiple lo	
I618	Other nontraumatic intracerebral hemorrhage	
I619	Nontraumatic intracerebral hemorrhage, unspecified	
I6200	Nontraumatic subdural hemorrhage, unspecified	
I6201	Nontraumatic acute subdural hemorrhage	
I6202	Nontraumatic subacute subdural hemorrhage	
I6203	Nontraumatic chronic subdural hemorrhage	
I621	Nontraumatic extradural hemorrhage	
I629	Nontraumatic intracranial hemorrhage, unspecified	
I6300	Cerebral infarction due to thrombos unsp precerebra	
I63011	Cerebral infarction due to thrombosis of r verteb	
I63012	Cerebral infarction due to thrombosis of l verteb	
I63019	Cerebral infarction due to thrombos unsp vertebral	
I6302	Cerebral infarction due to thrombosis of basilar a	
I63031	Cerebral infrc due to thrombosis of right carotid	
I63032	Cerebral infarction due to thrombosis of left caro	
I63039	Cerebral infarction due to thrombosis of unsp caro	
I6309	Cerebral infarction due to thrombosis of precerebr	
I6310	Cerebral infarction due to embolism of unsp precer	
I63111	Cerebral infarction due to embolism of r verteb ar	
I63112	Cerebral infarction due to embolism of left verteb	
I63119	Cerebral infarction due to embolism of unsp verteb	
I6312	Cerebral infarction due to embolism of basilar art	
I63131	Cerebral infarction due to embolism of right carot	
I63132	Cerebral infarction due to embolism of left caroti	
I63139	Cerebral infarction due to embolism of unsp caroti	
I6319	Cerebral infarction due to embolism of precerebral	
I6320	Cereb infrc due to unsp occls or stenosis of unsp pr	
I63211	Cereb infrc due to unsp occls or stenosis of right v	
I63212	Cereb infrc due to unsp occls or stenosis of left	
I63219	Cereb infrc due to unsp occls or stenosis of unsp	
I6322	Cerebral infrc due to unsp occls or stenosis of ba	
I63231	Cereb infrc due to unsp occls or stenosis of right c	
I63232	Cereb infrc due to unsp occls or stenosis of left ca	
I63239	Cereb infrc due to unsp occls or stenosis of unsp ca	
I6329	Cerebral infrc due to unsp occls or stenosis of pr	
I6330	Cerebral infarction due to thrombos unsp cerebral a	
I63311	Cereb infrc due to thrombos of right middle cerebra	
I63312	Cerebral infrc due to thrombos of left middle cereb	
I63319	Cerebral infrc due to thrombos unsp middle cerebral	
I63321	Cerebral infrc due to thrombos of right ant cerebra	
I63322	Cerebral infrc due to thrombos of left ant cerebral	
I63329	Cerebral infrc due to thrombos unsp anterior cerebr	
I63331	Cerebral infrc due to thrombos of right post cerebr	
I63332	Cerebral infrc due to thrombos of left post cerebra	
I63339	Cerebral infrc due to thrombos unsp posterior cereb	
I63341	Cerebral infrc due to thrombosis of right cereblr	
I63342	Cerebral infarction due to thrombosis of left cere	
I63349	Cerebral infarction due to thrombos unsp cerebellar	
I6339	Cerebral infarction due to thrombosis of oth cereb	
I6340	Cerebral infarction due to embolism of unsp cerebr	
I63411	Cereb infrc due to embolism of right middle cerebr	
I63412	Cereb infrc due to embolism of left middle cerebra	
I63419	Cereb infrc due to embolism of unsp middle cerebra	
I63421	Cerebral infrc due to embolism of right ant cerebr	
I63422	Cerebral infrc due to embolism of left ant cerebra	
I63429	Cerebral infrc due to embolism of unsp ant cerebra	
I63431	Cerebral infrc due to embolism of right post cereb	
I63432	Cerebral infrc due to embolism of left post cerebr	
I63439	Cerebral infrc due to embolism of unsp post cerebr	
I63441	Cerebral infarction due to embolism of right cereb	
I63442	Cerebral infarction due to embolism of left cerebl	
I63449	Cerebral infarction due to embolism of unsp cerebl	
I6349	Cerebral infarction due to embolism of other cereb	
I6350	Cereb infrc due to unsp occls or stenosis of unsp ce	
I63511	Cereb infrc d/t unsp occls or stenosis of right mid	
I63512	Cereb infrc d/t unsp occls or stenosis of left mid c	
I63519	Cereb infrc d/t unsp occls or stenosis of unsp mid c	
I63521	Cereb infrc d/t unsp occls or stenosis of right ant	
I63522	Cereb infrc d/t unsp occls or stenosis of left ant c	

I63529	Cereb infrc d/t unsp occls or stenosis of unsp ant c
I63531	Cereb infrc d/t unsp occls or stenosis of right post
I63532	Cereb infrc d/t unsp occls or stenosis of left post
I63539	Cereb infrc d/t unsp occls or stenosis of unsp post
I63541	Cereb infrc due to unsp occls or stenosis of right c
I63542	Cereb infrc due to unsp occls or stenosis of left ce
I63549	Cereb infrc due to unsp occls or stenosis of unsp ce
I6359	Cereb infrc due to unsp occls or stenosis of cereb
I636	Cerebral infrc due to cerebral venous thrombosis, non
I638	Other cerebral infarction
I639	Cerebral infarction, unspecified
I6501	Occlusion and stenosis of right vertebral artery
I6502	Occlusion and stenosis of left vertebral artery
I6503	Occlusion and stenosis of bilateral vertebral arte
I6509	Occlusion and stenosis of unspecified vertebral ar
I651	Occlusion and stenosis of basilar artery
I6521	Occlusion and stenosis of right carotid artery
I6522	Occlusion and stenosis of left carotid artery
I6523	Occlusion and stenosis of bilateral carotid arteri
I6529	Occlusion and stenosis of unspecified carotid arte
I658	Occlusion and stenosis of other precerebral arteri
I659	Occlusion and stenosis of unspecified precerebral
I6601	Occlusion and stenosis of right middle cerebral ar
I6602	Occlusion and stenosis of left middle cerebral art
I6603	Occlusion and stenosis of bilateral middle cerebra
I6609	Occlusion and stenosis of unspecified middle cereb
I6611	Occlusion and stenosis of right anterior cerebral
I6612	Occlusion and stenosis of left anterior cerebral a
I6613	Occlusion and stenosis of bi anterior cerebral art
I6619	Occlusion and stenosis of unsp anterior cerebral a
I6621	Occlusion and stenosis of right posterior cerebral
I6622	Occlusion and stenosis of left posterior cerebral
I6623	Occlusion and stenosis of bi posterior cerebral ar
I6629	Occlusion and stenosis of unsp posterior cerebral
I663	Occlusion and stenosis of cerebellar arteries
I668	Occlusion and stenosis of other cerebral arteries
I669	Occlusion and stenosis of unspecified cerebral art
I670	Dissection of cerebral arteries, nonruptured
I671	Cerebral aneurysm, nonruptured
I672	Cerebral atherosclerosis
I673	Progressive vascular leukoencephalopathy
I674	Hypertensive encephalopathy
I675	Moyamoya disease
I676	Nonpyogenic thrombosis of intracranial venous syst
I677	Cerebral arteritis, not elsewhere classified
I6781	Acute cerebrovascular insufficiency
I6782	Cerebral ischemia
I6783	Posterior reversible encephalopathy syndrome
I67841	Reversible cerebrovascular vasoconstriction syndro
I67848	Other cerebrovascular vasospasm and vasoconstricti
I6789	Other cerebrovascular disease
I679	Cerebrovascular disease, unspecified
I680	Cerebral amyloid angiopathy
I682	Cerebral arteritis in other diseases classified el
I688	Oth cerebrovascular disorders in diseases classd e
I6900	Unspecified sequelae of nontraumatic subarachnoid
I6901	Cognitive deficits following ntrm subarachnoid hem
I69020	Aphasia following nontraumatic subarachnoid hemorr
I69021	Dysphasia following nontraumatic subarachnoid hemo
I69022	Dysarthria following nontraumatic subarachnoid hem
I69023	Fluency disorder following ntrm subarachnoid hemorr
I69028	Oth speech/lang deficits following ntrm subarach h
I69031	Monoplg upr lmb fol ntrm subarach hemorr aff right
I69032	Monoplg upr lmb fol ntrm subarach hemorr aff left d
I69033	Monoplg upr lmb fol ntrm subarach hemorr aff r nond
I69034	Monoplg upr lmb fol ntrm subarach hemorr aff left n
I69039	Monoplg upr lmb following ntrm subarach hemorr aff
I69041	Monoplg low lmb fol ntrm subarach hemorr aff right
I69042	Monoplg low lmb fol ntrm subarach hemorr aff left d
I69043	Monoplg low lmb fol ntrm subarach hemorr aff r nond
I69044	Monoplg low lmb fol ntrm subarach hemorr aff left n
I69049	Monoplg low lmb following ntrm subarach hemorr aff
I69051	Hemiplga fol ntrm subarach hemorr aff right dominan
I69052	Hemiplga fol ntrm subarach hemorr aff left dominant
I69053	Hemiplga following ntrm subarach hemorr aff right n
I69054	Hemiplga following ntrm subarach hemorr aff left no
I69059	Hemiplga following ntrm subarach hemorr affecting u
I69061	Oth parlyt synd fol ntrm subarach hemorr aff right
I69062	Oth parlyt synd fol ntrm subarach hemorr aff left d
I69063	Oth parlyt synd fol ntrm subarach hemorr aff r nond
I69064	Oth parlyt synd fol ntrm subarach hemorr aff left n
I69065	Oth paralytic syndrome following ntrm subarach hem
I69069	Oth paralytic syndrome fol ntrm subarach hemorr aff
I69090	Apraxia following nontraumatic subarachnoid hemorr
I69091	Dysphagia following nontraumatic subarachnoid hemo
I69092	Facial weakness following ntrm subarachnoid hemorr
I69093	Ataxia following nontraumatic subarachnoid hemorrh
I69098	Oth sequelae following nontraumatic subarachnoid h
I6910	Unsp sequelae of nontraumatic intracerebral hemorr
I6911	Cognitive deficits following nontraumatic intrcrbl
I69120	Aphasia following nontraumatic intracerebral hemorr
I69121	Dysphasia following nontraumatic intracerebral hem
I69122	Dysarthria following nontraumatic intracerebral he
I69123	Fluency disorder following nontraumatic intrcrbl he
I69128	Oth speech/lang deficits following ntrm intrcrbl he
I69131	Monoplg upr lmb fol ntrm intrcrbl hemorr aff right d
I69132	Monoplg upr lmb fol ntrm intrcrbl hemorr aff left do
I69133	Monoplg upr lmb fol ntrm intrcrbl hemorr aff right n
I69134	Monoplg upr lmb fol ntrm intrcrbl hemorr aff left no
I69139	Monoplg upr lmb following ntrm intrcrbl hemorr aff u
I69141	Monoplg low lmb fol ntrm intrcrbl hemorr aff right d
I69142	Monoplg low lmb fol ntrm intrcrbl hemorr aff left do
I69143	Monoplg low lmb fol ntrm intrcrbl hemorr aff right n
I69144	Monoplg low lmb fol ntrm intrcrbl hemorr aff left no
I69149	Monoplg low lmb following ntrm intrcrbl hemorr aff u
I69151	Hemiplga fol ntrm intrcrbl hemorr aff right dominant
I69152	Hemiplga following ntrm intrcrbl hemorr aff left dom

I69153	Hemiplga following ntrm interbl hemor aff right no
I69154	Hemiplga following ntrm interbl hemor aff left non
I69159	Hemiplga following ntrm interbl hemor affecting un
I69161	Oth parlyt synd fol ntrm interbl hemor aff right d
I69162	Oth parlyt syndrome fol ntrm interbl hemor aff lef
I69163	Oth parlyt synd fol ntrm interbl hemor aff right n
I69164	Oth parlyt synd fol ntrm interbl hemor aff left no
I69165	Oth paralytic syndrome following ntrm interbl hemo
I69169	Oth paralytic syndrome fol ntrm interbl hemor aff
I69190	Apraxia following nontraumatic intracerebral hemor
I69191	Dysphagia following nontraumatic intracerebral hem
I69192	Facial weakness following nontraumatic interbl hem
I69193	Ataxia following nontraumatic intracerebral hemorr
I69198	Other sequelae of nontraumatic intracerebral hemor
I6920	Unsp sequelae of other nontraumatic intracranial h
I6921	Cognitive deficits following oth ntrm intcrn hemor
I69220	Aphasia following other nontraumatic intracranial
I69221	Dysphasia following oth nontraumatic intracranial
I69222	Dysarthria following oth nontraumatic intcrn hemor
I69223	Fluency disorder following oth ntrm intcrn hemorrh
I69228	Oth speech/lang deficits following oth ntrm intcrn
I69231	Monoplg upr lmb fol oth ntrm intcrn hemor aff righ
I69232	Monoplg upr lmb fol oth ntrm intcrn hemor aff left
I69233	Monoplg upr lmb fol oth ntrm intcrn hemor aff r no
I69234	Monoplg upr lmb fol oth ntrm intcrn hemor aff l no
I69239	Monoplg upr lmb fol oth ntrm intcrn hemor aff unsp
I69241	Monoplg low lmb fol oth ntrm intcrn hemor aff righ
I69242	Monoplg low lmb fol oth ntrm intcrn hemor aff left
I69243	Monoplg low lmb fol oth ntrm intcrn hemor aff r no
I69244	Monoplg low lmb fol oth ntrm intcrn hemor aff l no
I69249	Monoplg low lmb fol oth ntrm intcrn hemor aff unsp
I69251	Hemiplga fol oth ntrm intcrn hemor aff right domin
I69252	Hemiplga fol oth ntrm intcrn hemor aff left domina
I69253	Hemiplga fol oth ntrm intcrn hemor aff right nondo
I69254	Hemiplga fol oth ntrm intcrn hemor aff left nondom
I69259	Hemiplga following oth ntrm intcrn hemor affecting
I69261	Oth parlyt synd fol oth ntrm intcrn hemor aff righ
I69262	Oth parlyt synd fol oth ntrm intcrn hemor aff left
I69263	Oth parlyt synd fol oth ntrm intcrn hemor aff r no
I69264	Oth parlyt synd fol oth ntrm intcrn hemor aff l no
I69265	Oth paralytic syndrome following oth ntrm intcrn h
I69269	Oth parlyt syndrome fol oth ntrm intcrn hemor aff
I69290	Apraxia following other nontraumatic intracranial
I69291	Dysphagia following oth nontraumatic intracranial
I69292	Facial weakness following oth nontraumatic intcrn
I69293	Ataxia following other nontraumatic intracranial h
I69298	Other sequelae of other nontraumatic intracranial
I6930	Unspecified sequelae of cerebral infarction
I6931	Cognitive deficits following cerebral infarction
I69320	Aphasia following cerebral infarction
I69321	Dysphasia following cerebral infarction
I69322	Dysarthria following cerebral infarction
I69323	Fluency disorder following cerebral infarction
I69328	Oth speech/lang deficits following cerebral infarc
I69331	Monoplg upr lmb fol cerebral infrc aff right domin
I69332	Monoplg upr lmb fol cerebral infrc aff left domina
I69333	Monoplg upr lmb fol cerebral infrc aff right nondo
I69334	Monoplg upr lmb fol cerebral infrc aff left nondom
I69339	Monoplg upr lmb following cerebral infrc affecting
I69341	Monoplg low lmb fol cerebral infrc aff right domin
I69342	Monoplg low lmb fol cerebral infrc aff left domina
I69343	Monoplg low lmb fol cerebral infrc aff right nondo
I69344	Monoplg low lmb fol cerebral infrc aff left nondom
I69349	Monoplg low lmb following cerebral infrc affecting
I69351	Hemiplga following cerebral infrc aff right domina
I69352	Hemiplga following cerebral infrc aff left dominan
I69353	Hemiplga following cerebral infrc aff right nondom
I69354	Hemiplga following cerebral infrc affecting left n
I69359	Hemiplga following cerebral infarction affecting u
I69361	Oth parlyt syndrome fol cereb infrc aff right domi
I69362	Oth parlyt syndrome fol cereb infrc aff left domin
I69363	Oth parlyt syndrome fol cerebral infrc aff right n
I69364	Oth parlyt syndrome fol cerebral infrc aff left no
I69365	Oth paralytic syndrome following cerebral infrc, b
I69369	Oth paralytic syndrome fol cerebral infrc aff unsp
I69390	Apraxia following cerebral infarction
I69391	Dysphagia following cerebral infarction
I69392	Facial weakness following cerebral infarction
I69393	Ataxia following cerebral infarction
I69398	Other sequelae of cerebral infarction
I6980	Unspecified sequelae of other cerebrovascular dise
I6981	Cognitive deficits following other cerebrovascular
I69820	Aphasia following other cerebrovascular disease
I69821	Dysphasia following other cerebrovascular disease
I69822	Dysarthria following other cerebrovascular disease
I69823	Fluency disorder following other cerebrovascular d
I69828	Oth speech/lang deficits following oth cerebvasc d
I69831	Monoplg upr lmb fol oth cerebvasc disease aff righ
I69832	Monoplg upr lmb fol oth cerebvasc disease aff left
I69833	Monoplg upr lmb fol oth cerebvasc dis aff right no
I69834	Monoplg upr lmb fol oth cerebvasc dis aff left non
I69839	Monoplg upr lmb fol oth cerebvasc disease aff unsp
I69841	Monoplg low lmb fol oth cerebvasc disease aff righ
I69842	Monoplg low lmb fol oth cerebvasc disease aff left
I69843	Monoplg low lmb fol oth cerebvasc dis aff right no
I69844	Monoplg low lmb fol oth cerebvasc dis aff left non
I69849	Monoplg low lmb fol oth cerebvasc disease aff unsp
I69851	Hemiplga fol oth cerebvasc disease aff right domin
I69852	Hemiplga fol oth cerebvasc disease aff left domina
I69853	Hemiplga fol oth cerebvasc disease aff right nondo
I69854	Hemiplga fol oth cerebvasc disease aff left nondom
I69859	Hemiplga following oth cerebvasc disease affecting
I69861	Oth parlyt synd fol oth cerebvasc disease aff righ
I69862	Oth parlyt synd fol oth cerebvasc disease aff left
I69863	Oth parlyt synd fol oth cerebvasc dis aff right no
I69864	Oth parlyt synd fol oth cerebvasc dis aff left non
I69865	Oth paralytic syndrome following oth cerebvasc dis

I69869	Oth parlyt syndrome fol oth cerebvasc disease aff
I69890	Apraxia following other cerebrovascular disease
I69891	Dysphagia following other cerebrovascular disease
I69892	Facial weakness following other cerebrovascular di
I69893	Ataxia following other cerebrovascular disease
I69898	Other sequelae of other cerebrovascular disease
I6990	Unspecified sequelae of unspecified cerebrovascula
I6991	Cognitive deficits following unsp cerebrovascular
I69920	Aphasia following unspecified cerebrovascular dise
I69921	Dysphasia following unspecified cerebrovascular di
I69922	Dysarthria following unspecified cerebrovascular d
I69923	Fluency disorder following unsp cerebrovascular di
I69928	Oth speech/lang deficits following unsp cerebvasc
I69931	Monoplg upr lmb fol unsp cerebvasc dis aff right d
I69932	Monoplg upr lmb fol unsp cerebvasc disease aff lef
I69933	Monoplg upr lmb fol unsp cerebvasc dis aff right n
I69934	Monoplg upr lmb fol unsp cerebvasc dis aff left no
I69939	Monoplg upr lmb fol unsp cerebvasc disease aff uns
I69941	Monoplg low lmb fol unsp cerebvasc dis aff right d
I69942	Monoplg low lmb fol unsp cerebvasc disease aff lef
I69943	Monoplg low lmb fol unsp cerebvasc dis aff right n
I69944	Monoplg low lmb fol unsp cerebvasc dis aff left no
I69949	Monoplg low lmb fol unsp cerebvasc disease aff uns
I69951	Hemiplga fol unsp cerebvasc disease aff right domi
I69952	Hemiplga fol unsp cerebvasc disease aff left domin
I69953	Hemiplga fol unsp cerebvasc disease aff right nond
I69954	Hemiplga fol unsp cerebvasc disease aff left nondo
I69959	Hemiplga following unsp cerebvasc disease aff unsp
I69961	Oth parlyt synd fol unsp cerebvasc dis aff right d
I69962	Oth parlyt synd fol unsp cerebvasc disease aff lef
I69963	Oth parlyt synd fol unsp cerebvasc dis aff right n
I69964	Oth parlyt synd fol unsp cerebvasc dis aff left no
I69965	Oth paralytic syndrome following unsp cerebvasc di
I69969	Oth parlyt syndrome fol unsp cerebvasc disease aff
I69990	Apraxia following unspecified cerebrovascular dise
I69991	Dysphagia following unspecified cerebrovascular di
I69992	Facial weakness following unsp cerebrovascular dis
I69993	Ataxia following unspecified cerebrovascular disea
I69998	Other sequelae following unspecified cerebrovascul
R41841	Cognitive Communication Deficit

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

[illegible][illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

V93.80XA	Other injury due to other accident on board merchant ship, initial encounter
V93.80XD	Other injury due to other accident on board merchant ship, subsequent encounter
V93.80XS	Other injury due to other accident on board merchant ship, sequela
V93.81XA	Other injury due to other accident on board passenger ship, initial encounter
V93.81XD	Other injury due to other accident on board passenger ship, subsequent encounter
V93.81XS	Other injury due to other accident on board passenger ship, sequela
V93.82XA	Other injury due to other accident on board fishing boat, initial encounter
V93.82XD	Other injury due to other accident on board fishing boat, subsequent encounter
V93.82XS	Other injury due to other accident on board fishing boat, sequela
V93.83XA	Other injury due to other accident on board other powered watercraft, initial encounter
V93.83XD	Other injury due to other accident on board other powered watercraft, subsequent encounter
V93.83XS	Other injury due to other accident on board other powered watercraft, sequela
V93.84XA	Other injury due to other accident on board sailboat, initial encounter
V93.84XD	Other injury due to other accident on board sailboat, subsequent encounter
V93.84XS	Other injury due to other accident on board sailboat, sequela
V93.85XA	Other injury due to other accident on board canoe or kayak, initial encounter
V93.85XD	Other injury due to other accident on board canoe or kayak, subsequent encounter
V93.85XS	Other injury due to other accident on board canoe or kayak, sequela
V93.86XA	Other injury due to other accident on board (nonpowered) inflatable craft, initial encounter
V93.86XD	Other injury due to other accident on board (nonpowered) inflatable craft, subsequent encounter
V93.86XS	Other injury due to other accident on board (nonpowered) inflatable craft, sequela
V93.87XA	Other injury due to other accident on board water-skis, initial encounter
V93.87XD	Other injury due to other accident on board water-skis, subsequent encounter
V93.87XS	Other injury due to other accident on board water-skis, sequela
V93.88XA	Other injury due to other accident on board other unpowered watercraft, initial encounter
V93.88XD	Other injury due to other accident on board other unpowered watercraft, subsequent encounter
V93.88XS	Other injury due to other accident on board other unpowered watercraft, sequela
V93.89XA	Other injury due to other accident on board unspecified watercraft, initial encounter
V93.89XD	Other injury due to other accident on board unspecified watercraft, subsequent encounter
V93.89XS	Other injury due to other accident on board unspecified watercraft, sequela
V94.810A	Civilian watercraft involved in water transport accident with military watercraft, initial encounter
V94.810D	Civilian watercraft involved in water transport accident with military watercraft, subsequent encounter
V94.810S	Civilian watercraft involved in water transport accident with military watercraft, sequela
V94.818A	Other water transport accident involving military watercraft, initial encounter
V94.818D	Other water transport accident involving military watercraft, subsequent encounter
V94.818S	Other water transport accident involving military watercraft, sequela
V94.89XA	Other water transport accident, initial encounter
V94.89XD	Other water transport accident, subsequent encounter
V94.89XS	Other water transport accident, sequela
V94.9XXA	Unspecified water transport accident, initial encounter
V94.9XXD	Unspecified water transport accident, subsequent encounter
V94.9XXS	Unspecified water transport accident, sequela
V95.00XA	Unspecified helicopter accident injuring occupant, initial encounter
V95.00XD	Unspecified helicopter accident injuring occupant, subsequent encounter
V95.00XS	Unspecified helicopter accident injuring occupant, sequela
V95.09XA	Other helicopter accident injuring occupant, initial encounter
V95.09XD	Other helicopter accident injuring occupant, subsequent encounter
V95.09XS	Other helicopter accident injuring occupant, sequela
V95.10XA	Unspecified ultralight, microlight or powered-glider accident injuring occupant, initial encounter
V95.10XD	Unspecified ultralight, microlight or powered-glider accident injuring occupant, subsequent encounter
V95.10XS	Unspecified ultralight, microlight or powered-glider accident injuring occupant, sequela
V95.19XA	Other ultralight, microlight or powered-glider accident injuring occupant, initial encounter
V95.19XD	Other ultralight, microlight or powered-glider accident injuring occupant, subsequent encounter
V95.19XS	Other ultralight, microlight or powered-glider accident injuring occupant, sequela
V95.20XA	Unspecified accident to other private fixed-wing aircraft, injuring occupant, initial encounter
V95.20XD	Unspecified accident to other private fixed-wing aircraft, injuring occupant, subsequent encounter
V95.20XS	Unspecified accident to other private fixed-wing aircraft, injuring occupant, sequela
V95.29XA	Other accident to other private fixed-wing aircraft injuring occupant, initial encounter
V95.29XD	Other accident to other private fixed-wing aircraft injuring occupant, subsequent encounter
V95.29XS	Other accident to other private fixed-wing aircraft injuring occupant, sequela
V95.30XA	Unspecified accident to commercial fixed-wing aircraft injuring occupant, initial encounter
V95.30XD	Unspecified accident to commercial fixed-wing aircraft injuring occupant, subsequent encounter
V95.30XS	Unspecified accident to commercial fixed-wing aircraft injuring occupant, sequela
V95.39XA	Other accident to commercial fixed-wing aircraft injuring occupant, initial encounter
V95.39XD	Other accident to commercial fixed-wing aircraft injuring occupant, subsequent encounter
V95.39XS	Other accident to commercial fixed-wing aircraft injuring occupant, sequela
V95.40XA	Unspecified spacecraft accident injuring occupant, initial encounter
V95.40XD	Unspecified spacecraft accident injuring occupant, subsequent encounter
V95.40XS	Unspecified spacecraft accident injuring occupant, sequela
V95.49XA	Other spacecraft accident injuring occupant, initial encounter
V95.49XD	Other spacecraft accident injuring occupant, subsequent encounter
V95.49XS	Other spacecraft accident injuring occupant, sequela
V95.8XXA	Other powered aircraft accidents injuring occupant, initial encounter
V95.8XXD	Other powered aircraft accidents injuring occupant, subsequent encounter
V95.8XXS	Other powered aircraft accidents injuring occupant, sequela
V95.9XXA	Unspecified aircraft accident injuring occupant, initial encounter
V95.9XXD	Unspecified aircraft accident injuring occupant, subsequent encounter
V95.9XXS	Unspecified aircraft accident injuring occupant, sequela
V96.00XA	Unspecified balloon accident injuring occupant, initial encounter
V96.00XD	Unspecified balloon accident injuring occupant, subsequent encounter
V96.00XS	Unspecified balloon accident injuring occupant, sequela
V96.09XA	Other balloon accident injuring occupant, initial encounter
V96.09XD	Other balloon accident injuring occupant, subsequent encounter
V96.09XS	Other balloon accident injuring occupant, sequela
V96.10XA	Unspecified hang-glider accident injuring occupant, initial encounter
V96.10XD	Unspecified hang-glider accident injuring occupant, subsequent encounter
V96.10XS	Unspecified hang-glider accident injuring occupant, sequela
V96.19XA	Other hang-glider accident injuring occupant, initial encounter
V96.19XD	Other hang-glider accident injuring occupant, subsequent encounter
V96.19XS	Other hang-glider accident injuring occupant, sequela
V96.20XA	Unspecified glider (nonpowered) accident injuring occupant, initial encounter
V96.20XD	Unspecified glider (nonpowered) accident injuring occupant, subsequent encounter
V96.20XS	Unspecified glider (nonpowered) accident injuring occupant, sequela
V96.29XA	Other glider (nonpowered) accident injuring occupant, initial encounter
V96.29XD	Other glider (nonpowered) accident injuring occupant, subsequent encounter
V96.29XS	Other glider (nonpowered) accident injuring occupant, sequela
V96.8XXA	Other nonpowered-aircraft accidents injuring occupant, initial encounter
V96.8XXD	Other nonpowered-aircraft accidents injuring occupant, subsequent encounter
V96.8XXS	Other nonpowered-aircraft accidents injuring occupant, sequela
V96.9XXA	Unspecified nonpowered-aircraft accident injuring occupant, initial encounter
V96.9XXD	Unspecified nonpowered-aircraft accident injuring occupant, subsequent encounter
V96.9XXS	Unspecified nonpowered-aircraft accident injuring occupant, sequela
V97.0XXA	Occupant of aircraft injured in other specified air transport accidents, initial encounter
V97.0XXD	Occupant of aircraft injured in other specified air transport accidents, subsequent encounter
V97.0XXS	Occupant of aircraft injured in other specified air transport accidents, sequela
V97.29XA	Other parachutist accident, initial encounter
V97.29XD	Other parachutist accident, subsequent encounter
V97.29XS	Other parachutist accident, sequela
V97.39XA	Other injury to person on ground due to air transport accident, initial encounter
V97.39XD	Other injury to person on ground due to air transport accident, subsequent encounter
V97.39XS	Other injury to person on ground due to air transport accident, sequela
V97.810A	Civilian aircraft involved in air transport accident with military aircraft, initial encounter
V97.810D	Civilian aircraft involved in air transport accident with military aircraft, subsequent encounter
V97.810S	Civilian aircraft involved in air transport accident with military aircraft, sequela
V97.818A	Other air transport accident involving military aircraft, initial encounter
V97.818D	Other air transport accident involving military aircraft, subsequent encounter
V97.818S	Other air transport accident involving military aircraft, sequela
V97.89XA	Other air transport accidents, not elsewhere classified, initial encounter
V97.89XD	Other air transport accidents, not elsewhere classified, subsequent encounter
V97.89XS	Other air transport accidents, not elsewhere classified, sequela
V98.0XXA	Accident to, on or involving cable-car, not on rails, initial encounter
V98.0XXD	Accident to, on or involving cable-car, not on rails, subsequent encounter
V98.0XXS	Accident to, on or involving cable-car, not on rails, sequela
V98.1XXA	Accident to, on or involving land-yacht, initial encounter
V98.1XXD	Accident to, on or involving land-yacht, subsequent encounter
V98.1XXS	Accident to, on or involving land-yacht, sequela
V98.2XXA	Accident to, on or involving ice yacht, initial encounter
V98.2XXD	Accident to, on or involving ice yacht, subsequent encounter

V98.2XXS	Accident to, on or involving ice yacht, sequela
V98.3XXA	Accident to, on or involving ski lift, initial encounter
V98.3XXD	Accident to, on or involving ski lift, subsequent encounter
V98.3XXS	Accident to, on or involving ski lift, sequela
V98.8XXA	Other specified transport accidents, initial encounter
V98.8XXD	Other specified transport accidents, subsequent encounter
V98.8XXS	Other specified transport accidents, sequela
V99.XXXA	Unspecified transport accident, initial encounter
V99.XXXD	Unspecified transport accident, subsequent encounter
V99.XXXS	Unspecified transport accident, sequela
W32.0XXA	Accidental handgun discharge, initial encounter
W32.0XXD	Accidental handgun discharge, subsequent encounter
W32.0XXS	Accidental handgun discharge, sequela
W32.1XXA	Accidental handgun malfunction, initial encounter
W32.1XXD	Accidental handgun malfunction, subsequent encounter
W32.1XXS	Accidental handgun malfunction, sequela
W33.00XA	Accidental discharge of unspecified larger firearm, initial encounter
W33.00XD	Accidental discharge of unspecified larger firearm, subsequent encounter
W33.00XS	Accidental discharge of unspecified larger firearm, sequela
W33.01XA	Accidental discharge of shotgun, initial encounter
W33.01XD	Accidental discharge of shotgun, subsequent encounter
W33.01XS	Accidental discharge of shotgun, sequela
W33.02XA	Accidental discharge of hunting rifle, initial encounter
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter
W33.02XS	Accidental discharge of hunting rifle, sequela
W33.03XA	Accidental discharge of machine gun, initial encounter
W33.03XD	Accidental discharge of machine gun, subsequent encounter
W33.03XS	Accidental discharge of machine gun, sequela
W33.09XA	Accidental discharge of other larger firearm, initial encounter
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter
W33.09XS	Accidental discharge of other larger firearm, sequela
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter
W33.10XS	Accidental malfunction of unspecified larger firearm, sequela
W33.11XA	Accidental malfunction of shotgun, initial encounter
W33.11XD	Accidental malfunction of shotgun, subsequent encounter
W33.11XS	Accidental malfunction of shotgun, sequela
W33.12XA	Accidental malfunction of hunting rifle, initial encounter
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter
W33.12XS	Accidental malfunction of hunting rifle, sequela
W33.13XA	Accidental malfunction of machine gun, initial encounter
W33.13XD	Accidental malfunction of machine gun, subsequent encounter
W33.13XS	Accidental malfunction of machine gun, sequela
W33.19XA	Accidental malfunction of other larger firearm, initial encounter
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter
W33.19XS	Accidental malfunction of other larger firearm, sequela
W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter
W34.00XS	Accidental discharge from unspecified firearms or gun, sequela
W34.010A	Accidental discharge of airgun, initial encounter
W34.010D	Accidental discharge of airgun, subsequent encounter
W34.010S	Accidental discharge of airgun, sequela
W34.011A	Accidental discharge of paintball gun, initial encounter
W34.011D	Accidental discharge of paintball gun, subsequent encounter
W34.011S	Accidental discharge of paintball gun, sequela
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter
W34.018S	Accidental discharge of other gas, air or spring-operated gun, sequela
W34.09XA	Accidental discharge from other specified firearms, initial encounter
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter
W34.09XS	Accidental discharge from other specified firearms, sequela
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter
W34.10XS	Accidental malfunction from unspecified firearms or gun, sequela
W34.110A	Accidental malfunction of airgun, initial encounter
W34.110D	Accidental malfunction of airgun, subsequent encounter
W34.110S	Accidental malfunction of airgun, sequela
W34.111A	Accidental malfunction of paintball gun, initial encounter
W34.111D	Accidental malfunction of paintball gun, subsequent encounter
W34.111S	Accidental malfunction of paintball gun, sequela
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter
W34.118S	Accidental malfunction of other gas, air or spring-operated gun, sequela
W34.19XA	Accidental malfunction from other specified firearms, initial encounter
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter
W34.19XS	Accidental malfunction from other specified firearms, sequela
W50.0XXA	Accidental hit or strike by another person, initial encounter
W50.0XXD	Accidental hit or strike by another person, subsequent encounter
W50.0XXS	Accidental hit or strike by another person, sequela
W50.1XXA	Accidental kick by another person, initial encounter
W50.1XXD	Accidental kick by another person, subsequent encounter
W50.1XXS	Accidental kick by another person, sequela
W50.2XXA	Accidental twist by another person, initial encounter
W50.2XXD	Accidental twist by another person, subsequent encounter
W50.2XXS	Accidental twist by another person, sequela
W50.3XXA	Accidental bite by another person, initial encounter
W50.3XXD	Accidental bite by another person, subsequent encounter
W50.3XXS	Accidental bite by another person, sequela
W50.4XXA	Accidental scratch by another person, initial encounter
W50.4XXD	Accidental scratch by another person, subsequent encounter
W50.4XXS	Accidental scratch by another person, sequela
W51.XXXA	Accidental striking against or bumped into by another person, initial encounter
W51.XXXD	Accidental striking against or bumped into by another person, subsequent encounter
W51.XXXS	Accidental striking against or bumped into by another person, sequela
W65.XXXA	Accidental drowning and submersion while in bath-tub, initial encounter
W65.XXXD	Accidental drowning and submersion while in bath-tub, subsequent encounter
W65.XXXS	Accidental drowning and submersion while in bath-tub, sequela
W67.XXXA	Accidental drowning and submersion while in swimming-pool, initial encounter
W67.XXXD	Accidental drowning and submersion while in swimming-pool, subsequent encounter
W67.XXXS	Accidental drowning and submersion while in swimming-pool, sequela
W69.XXXA	Accidental drowning and submersion while in natural water, initial encounter
W69.XXXD	Accidental drowning and submersion while in natural water, subsequent encounter
W69.XXXS	Accidental drowning and submersion while in natural water, sequela
W73.XXXA	Other specified cause of accidental non-transport drowning and submersion, initial encounter
W73.XXXD	Other specified cause of accidental non-transport drowning and submersion, subsequent encounter
W73.XXXS	Other specified cause of accidental non-transport drowning and submersion, sequela
W74.XXXA	Unspecified cause of accidental drowning and submersion, initial encounter
W74.XXXD	Unspecified cause of accidental drowning and submersion, subsequent encounter
W74.XXXS	Unspecified cause of accidental drowning and submersion, sequela
Y36.050A	War operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y36.050D	War operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y36.050S	War operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y36.051A	War operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y36.051D	War operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y36.051S	War operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y36.140A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y36.140D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y36.140S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y36.141A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y36.141D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y36.141S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y36.240A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y36.240D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y36.240S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y36.241A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y36.241D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y36.241S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y37.050A	Military operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter

Y37.050D	Military operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y37.050S	Military operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y37.051A	Military operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y37.051D	Military operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y37.051S	Military operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y37.140A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y37.140D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y37.140S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y37.141A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y37.141D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y37.141S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y37.240A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y37.240D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y37.240S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y37.241A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y37.241D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y37.241S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Z04.1	Encounter for examination and observation following transport accident
Z04.2	Encounter for examination and observation following work accident
Z04.3	Encounter for examination and observation following other accident
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
S00.00XA	Unspecified superficial injury of scalp, initial encounter
S00.00XD	Unspecified superficial injury of scalp, subsequent encounter
S00.00XS	Unspecified superficial injury of scalp, sequela
S00.01XA	Abrasion of scalp, initial encounter
S00.01XD	Abrasion of scalp, subsequent encounter
S00.01XS	Abrasion of scalp, sequela
S00.02XA	Blister (nonthermal) of scalp, initial encounter
S00.02XD	Blister (nonthermal) of scalp, subsequent encounter
S00.02XS	Blister (nonthermal) of scalp, sequela
S00.03XA	Contusion of scalp, initial encounter
S00.03XD	Contusion of scalp, subsequent encounter
S00.03XS	Contusion of scalp, sequela
S00.04XA	External constriction of part of scalp, initial encounter
S00.04XD	External constriction of part of scalp, subsequent encounter
S00.04XS	External constriction of part of scalp, sequela
S00.05XA	Superficial foreign body of scalp, initial encounter
S00.05XD	Superficial foreign body of scalp, subsequent encounter
S00.05XS	Superficial foreign body of scalp, sequela
S00.10XA	Contusion of unspecified eyelid and periorcular area, initial encounter
S00.10XD	Contusion of unspecified eyelid and periorcular area, subsequent encounter
S00.10XS	Contusion of unspecified eyelid and periorcular area, sequela
S00.11XA	Contusion of right eyelid and periorcular area, initial encounter
S00.11XD	Contusion of right eyelid and periorcular area, subsequent encounter
S00.11XS	Contusion of right eyelid and periorcular area, sequela
S00.12XA	Contusion of left eyelid and periorcular area, initial encounter
S00.12XD	Contusion of left eyelid and periorcular area, subsequent encounter
S00.12XS	Contusion of left eyelid and periorcular area, sequela
S00.201A	Unspecified superficial injury of right eyelid and periorcular area, initial encounter
S00.201D	Unspecified superficial injury of right eyelid and periorcular area, subsequent encounter
S00.201S	Unspecified superficial injury of right eyelid and periorcular area, sequela
S00.202A	Unspecified superficial injury of left eyelid and periorcular area, initial encounter
S00.202D	Unspecified superficial injury of left eyelid and periorcular area, subsequent encounter
S00.202S	Unspecified superficial injury of left eyelid and periorcular area, sequela
S00.209A	Unspecified superficial injury of unspecified eyelid and periorcular area, initial encounter
S00.209D	Unspecified superficial injury of unspecified eyelid and periorcular area, subsequent encounter
S00.209S	Unspecified superficial injury of unspecified eyelid and periorcular area, sequela
S00.211A	Abrasion of right eyelid and periorcular area, initial encounter
S00.211D	Abrasion of right eyelid and periorcular area, subsequent encounter
S00.211S	Abrasion of right eyelid and periorcular area, sequela
S00.212A	Abrasion of left eyelid and periorcular area, initial encounter
S00.212D	Abrasion of left eyelid and periorcular area, subsequent encounter
S00.212S	Abrasion of left eyelid and periorcular area, sequela
S00.219A	Abrasion of unspecified eyelid and periorcular area, initial encounter
S00.219D	Abrasion of unspecified eyelid and periorcular area, subsequent encounter
S00.219S	Abrasion of unspecified eyelid and periorcular area, sequela
S00.31XA	Abrasion of nose, initial encounter
S00.31XD	Abrasion of nose, subsequent encounter
S00.31XS	Abrasion of nose, sequela
S00.33XA	Contusion of nose, initial encounter
S00.33XD	Contusion of nose, subsequent encounter
S00.33XS	Contusion of nose, sequela
S00.35XA	Superficial foreign body of nose, initial encounter
S00.35XD	Superficial foreign body of nose, subsequent encounter
S00.35XS	Superficial foreign body of nose, sequela
S00.401A	Unspecified superficial injury of right ear, initial encounter
S00.401D	Unspecified superficial injury of right ear, subsequent encounter
S00.401S	Unspecified superficial injury of right ear, sequela
S00.402A	Unspecified superficial injury of left ear, initial encounter
S00.402D	Unspecified superficial injury of left ear, subsequent encounter
S00.402S	Unspecified superficial injury of left ear, sequela
S00.409A	Unspecified superficial injury of unspecified ear, initial encounter
S00.409D	Unspecified superficial injury of unspecified ear, subsequent encounter
S00.409S	Unspecified superficial injury of unspecified ear, sequela
S00.411A	Abrasion of right ear, initial encounter
S00.411D	Abrasion of right ear, subsequent encounter
S00.411S	Abrasion of right ear, sequela
S00.412A	Abrasion of left ear, initial encounter
S00.412D	Abrasion of left ear, subsequent encounter
S00.412S	Abrasion of left ear, sequela
S00.419A	Abrasion of unspecified ear, initial encounter
S00.419D	Abrasion of unspecified ear, subsequent encounter
S00.419S	Abrasion of unspecified ear, sequela
S00.431A	Contusion of right ear, initial encounter
S00.431D	Contusion of right ear, subsequent encounter
S00.431S	Contusion of right ear, sequela
S00.432A	Contusion of left ear, initial encounter
S00.432D	Contusion of left ear, subsequent encounter
S00.432S	Contusion of left ear, sequela
S00.439A	Contusion of unspecified ear, initial encounter
S00.439D	Contusion of unspecified ear, subsequent encounter
S00.439S	Contusion of unspecified ear, sequela
S00.451A	Superficial foreign body of right ear, initial encounter
S00.451D	Superficial foreign body of right ear, subsequent encounter
S00.451S	Superficial foreign body of right ear, sequela
S00.452A	Superficial foreign body of left ear, initial encounter
S00.452D	Superficial foreign body of left ear, subsequent encounter
S00.452S	Superficial foreign body of left ear, sequela
S00.459A	Superficial foreign body of unspecified ear, initial encounter
S00.459D	Superficial foreign body of unspecified ear, subsequent encounter
S00.459S	Superficial foreign body of unspecified ear, sequela
S00.501A	Unspecified superficial injury of lip, initial encounter
S00.501D	Unspecified superficial injury of lip, subsequent encounter
S00.501S	Unspecified superficial injury of lip, sequela
S00.502A	Unspecified superficial injury of oral cavity, initial encounter
S00.502D	Unspecified superficial injury of oral cavity, subsequent encounter
S00.502S	Unspecified superficial injury of oral cavity, sequela
S00.511A	Abrasion of lip, initial encounter
S00.511D	Abrasion of lip, subsequent encounter

S00.511S	Abrasion of lip, sequela
S00.512A	Abrasion of oral cavity, initial encounter
S00.512D	Abrasion of oral cavity, subsequent encounter
S00.512S	Abrasion of oral cavity, sequela
S00.531A	Contusion of lip, initial encounter
S00.531D	Contusion of lip, subsequent encounter
S00.531S	Contusion of lip, sequela
S00.532A	Contusion of oral cavity, initial encounter
S00.532D	Contusion of oral cavity, subsequent encounter
S00.532S	Contusion of oral cavity, sequela
S00.80XA	Unspecified superficial injury of other part of head, initial encounter
S00.80XD	Unspecified superficial injury of other part of head, subsequent encounter
S00.80XS	Unspecified superficial injury of other part of head, sequela
S00.81XA	Abrasion of other part of head, initial encounter
S00.81XD	Abrasion of other part of head, subsequent encounter
S00.81XS	Abrasion of other part of head, sequela
S00.83XA	Contusion of other part of head, initial encounter
S00.83XD	Contusion of other part of head, subsequent encounter
S00.83XS	Contusion of other part of head, sequela
S00.84XA	External constriction of other part of head, initial encounter
S00.84XD	External constriction of other part of head, subsequent encounter
S00.84XS	External constriction of other part of head, sequela
S00.85XA	Superficial foreign body of other part of head, initial encounter
S00.85XD	Superficial foreign body of other part of head, subsequent encounter
S00.85XS	Superficial foreign body of other part of head, sequela
S00.90XA	Unspecified superficial injury of unspecified part of head, initial encounter
S00.90XD	Unspecified superficial injury of unspecified part of head, subsequent encounter
S00.90XS	Unspecified superficial injury of unspecified part of head, sequela
S00.91XA	Abrasion of unspecified part of head, initial encounter
S00.91XD	Abrasion of unspecified part of head, subsequent encounter
S00.91XS	Abrasion of unspecified part of head, sequela
S00.93XA	Contusion of unspecified part of head, initial encounter
S00.93XD	Contusion of unspecified part of head, subsequent encounter
S00.93XS	Contusion of unspecified part of head, sequela
S01.00XA	Unspecified open wound of scalp, initial encounter
S01.00XD	Unspecified open wound of scalp, subsequent encounter
S01.00XS	Unspecified open wound of scalp, sequela
S01.01XA	Laceration without foreign body of scalp, initial encounter
S01.01XD	Laceration without foreign body of scalp, subsequent encounter
S01.01XS	Laceration without foreign body of scalp, sequela
S01.02XA	Laceration with foreign body of scalp, initial encounter
S01.02XD	Laceration with foreign body of scalp, subsequent encounter
S01.02XS	Laceration with foreign body of scalp, sequela
S01.03XA	Puncture wound without foreign body of scalp, initial encounter
S01.03XD	Puncture wound without foreign body of scalp, subsequent encounter
S01.03XS	Puncture wound without foreign body of scalp, sequela
S01.04XA	Puncture wound with foreign body of scalp, initial encounter
S01.04XD	Puncture wound with foreign body of scalp, subsequent encounter
S01.04XS	Puncture wound with foreign body of scalp, sequela
S01.101A	Unspecified open wound of right eyelid and periocular area, initial encounter
S01.101D	Unspecified open wound of right eyelid and periocular area, subsequent encounter
S01.101S	Unspecified open wound of right eyelid and periocular area, sequela
S01.102A	Unspecified open wound of left eyelid and periocular area, initial encounter
S01.102D	Unspecified open wound of left eyelid and periocular area, subsequent encounter
S01.102S	Unspecified open wound of left eyelid and periocular area, sequela
S01.109A	Unspecified open wound of unspecified eyelid and periocular area, initial encounter
S01.109D	Unspecified open wound of unspecified eyelid and periocular area, subsequent encounter
S01.109S	Unspecified open wound of unspecified eyelid and periocular area, sequela
S01.111A	Laceration without foreign body of right eyelid and periocular area, initial encounter
S01.111D	Laceration without foreign body of right eyelid and periocular area, subsequent encounter
S01.111S	Laceration without foreign body of right eyelid and periocular area, sequela
S01.112A	Laceration without foreign body of left eyelid and periocular area, initial encounter
S01.112D	Laceration without foreign body of left eyelid and periocular area, subsequent encounter
S01.112S	Laceration without foreign body of left eyelid and periocular area, sequela
S01.119A	Laceration without foreign body of unspecified eyelid and periocular area, initial encounter
S01.119D	Laceration without foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.119S	Laceration without foreign body of unspecified eyelid and periocular area, sequela
S01.121A	Laceration with foreign body of right eyelid and periocular area, initial encounter
S01.121D	Laceration with foreign body of right eyelid and periocular area, subsequent encounter
S01.121S	Laceration with foreign body of right eyelid and periocular area, sequela
S01.122A	Laceration with foreign body of left eyelid and periocular area, initial encounter
S01.122D	Laceration with foreign body of left eyelid and periocular area, subsequent encounter
S01.122S	Laceration with foreign body of left eyelid and periocular area, sequela
S01.129A	Laceration with foreign body of unspecified eyelid and periocular area, initial encounter
S01.129D	Laceration with foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.129S	Laceration with foreign body of unspecified eyelid and periocular area, sequela
S01.131A	Puncture wound without foreign body of right eyelid and periocular area, initial encounter
S01.131D	Puncture wound without foreign body of right eyelid and periocular area, subsequent encounter
S01.131S	Puncture wound without foreign body of right eyelid and periocular area, sequela
S01.132A	Puncture wound without foreign body of left eyelid and periocular area, initial encounter
S01.132D	Puncture wound without foreign body of left eyelid and periocular area, subsequent encounter
S01.132S	Puncture wound without foreign body of left eyelid and periocular area, sequela
S01.139A	Puncture wound without foreign body of unspecified eyelid and periocular area, initial encounter
S01.139D	Puncture wound without foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.139S	Puncture wound without foreign body of unspecified eyelid and periocular area, sequela
S01.141A	Puncture wound with foreign body of right eyelid and periocular area, initial encounter
S01.141D	Puncture wound with foreign body of right eyelid and periocular area, subsequent encounter
S01.141S	Puncture wound with foreign body of right eyelid and periocular area, sequela
S01.142A	Puncture wound with foreign body of left eyelid and periocular area, initial encounter
S01.142D	Puncture wound with foreign body of left eyelid and periocular area, subsequent encounter
S01.142S	Puncture wound with foreign body of left eyelid and periocular area, sequela
S01.149A	Puncture wound with foreign body of unspecified eyelid and periocular area, initial encounter
S01.149D	Puncture wound with foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.149S	Puncture wound with foreign body of unspecified eyelid and periocular area, sequela
S01.20XA	Unspecified open wound of nose, initial encounter
S01.20XD	Unspecified open wound of nose, subsequent encounter
S01.20XS	Unspecified open wound of nose, sequela
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.21XD	Laceration without foreign body of nose, subsequent encounter
S01.21XS	Laceration without foreign body of nose, sequela
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.22XD	Laceration with foreign body of nose, subsequent encounter
S01.22XS	Laceration with foreign body of nose, sequela
S01.23XA	Puncture wound without foreign body of nose, initial encounter
S01.23XD	Puncture wound without foreign body of nose, subsequent encounter
S01.23XS	Puncture wound without foreign body of nose, sequela
S01.24XA	Puncture wound with foreign body of nose, initial encounter
S01.24XD	Puncture wound with foreign body of nose, subsequent encounter
S01.24XS	Puncture wound with foreign body of nose, sequela
S01.301A	Unspecified open wound of right ear, initial encounter
S01.301D	Unspecified open wound of right ear, subsequent encounter
S01.301S	Unspecified open wound of right ear, sequela
S01.302A	Unspecified open wound of left ear, initial encounter
S01.302D	Unspecified open wound of left ear, subsequent encounter
S01.302S	Unspecified open wound of left ear, sequela
S01.309A	Unspecified open wound of unspecified ear, initial encounter
S01.309D	Unspecified open wound of unspecified ear, subsequent encounter
S01.309S	Unspecified open wound of unspecified ear, sequela
S01.311A	Laceration without foreign body of right ear, initial encounter
S01.311D	Laceration without foreign body of right ear, subsequent encounter
S01.311S	Laceration without foreign body of right ear, sequela
S01.312A	Laceration without foreign body of left ear, initial encounter
S01.312D	Laceration without foreign body of left ear, subsequent encounter
S01.312S	Laceration without foreign body of left ear, sequela
S01.319A	Laceration without foreign body of unspecified ear, initial encounter
S01.319D	Laceration without foreign body of unspecified ear, subsequent encounter
S01.319S	Laceration without foreign body of unspecified ear, sequela
S01.321A	Laceration with foreign body of right ear, initial encounter

[illegible]

[illegible]

[illegible]

[illegible]

S02.82XD	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with routine healing
S02.82XG	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with delayed healing
S02.82XK	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with nonunion
S02.82XS	Fracture of other specified skull and facial bones, left side, sequela
S02.91XA	Unspecified fracture of skull, initial encounter for closed fracture
S02.91XB	Unspecified fracture of skull, initial encounter for open fracture
S02.91XD	Unspecified fracture of skull, subsequent encounter for fracture with routine healing
S02.91XG	Unspecified fracture of skull, subsequent encounter for fracture with delayed healing
S02.91XK	Unspecified fracture of skull, subsequent encounter for fracture with nonunion
S02.91XS	Unspecified fracture of skull, sequela
S02.92XA	Unspecified fracture of facial bones, initial encounter for closed fracture
S02.92XB	Unspecified fracture of facial bones, initial encounter for open fracture
S02.92XD	Unspecified fracture of facial bones, subsequent encounter for fracture with routine healing
S02.92XG	Unspecified fracture of facial bones, subsequent encounter for fracture with delayed healing
S02.92XK	Unspecified fracture of facial bones, subsequent encounter for fracture with nonunion
S02.92XS	Unspecified fracture of facial bones, sequela
S03.00XA	Dislocation of jaw, unspecified side, initial encounter
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter
S03.00XS	Dislocation of jaw, unspecified side, sequela
S03.01XA	Dislocation of jaw, right side, initial encounter
S03.01XD	Dislocation of jaw, right side, subsequent encounter
S03.01XS	Dislocation of jaw, right side, sequela
S03.02XA	Dislocation of jaw, left side, initial encounter
S03.02XD	Dislocation of jaw, left side, subsequent encounter
S03.02XS	Dislocation of jaw, left side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela
S03.1XXA	Dislocation of septal cartilage of nose, initial encounter
S03.1XXD	Dislocation of septal cartilage of nose, subsequent encounter
S03.1XXS	Dislocation of septal cartilage of nose, sequela
S03.2XXA	Dislocation of tooth, initial encounter
S03.2XXD	Dislocation of tooth, subsequent encounter
S03.2XXS	Dislocation of tooth, sequela
S03.40XA	Sprain of jaw, unspecified side, initial encounter
S03.40XD	Sprain of jaw, unspecified side, subsequent encounter
S03.40XS	Sprain of jaw, unspecified side, sequela
S03.41XA	Sprain of jaw, right side, initial encounter
S03.41XD	Sprain of jaw, right side, subsequent encounter
S03.41XS	Sprain of jaw, right side, sequela
S03.42XA	Sprain of jaw, left side, initial encounter
S03.42XD	Sprain of jaw, left side, subsequent encounter
S03.42XS	Sprain of jaw, left side, sequela
S03.43XA	Sprain of jaw, bilateral, initial encounter
S03.43XD	Sprain of jaw, bilateral, subsequent encounter
S03.43XS	Sprain of jaw, bilateral, sequela
S03.8XXA	Sprain of joints and ligaments of other parts of head, initial encounter
S03.8XXD	Sprain of joints and ligaments of other parts of head, subsequent encounter
S03.8XXS	Sprain of joints and ligaments of other parts of head, sequela
S03.9XXA	Sprain of joints and ligaments of unspecified parts of head, initial encounter
S03.9XXD	Sprain of joints and ligaments of unspecified parts of head, subsequent encounter
S03.9XXS	Sprain of joints and ligaments of unspecified parts of head, sequela
S06.0X0A	Concussion without loss of consciousness, initial encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter
S06.0X0S	Concussion without loss of consciousness, sequela
S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
S06.0X1D	Concussion with loss of consciousness of 30 minutes or less, subsequent encounter
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S07.0XXA	Crushing injury of face, initial encounter
S07.0XXD	Crushing injury of face, subsequent encounter
S07.0XXS	Crushing injury of face, sequela
S07.1XXA	Crushing injury of skull, initial encounter
S07.1XXD	Crushing injury of skull, subsequent encounter
S07.1XXS	Crushing injury of skull, sequela
S07.8XXA	Crushing injury of other parts of head, initial encounter
S07.8XXD	Crushing injury of other parts of head, subsequent encounter
S07.8XXS	Crushing injury of other parts of head, sequela
S07.9XXA	Crushing injury of head, part unspecified, initial encounter
S07.9XXD	Crushing injury of head, part unspecified, subsequent encounter
S07.9XXS	Crushing injury of head, part unspecified, sequela
S08.0XXA	Avulsion of scalp, initial encounter
S08.0XXD	Avulsion of scalp, subsequent encounter
S08.0XXS	Avulsion of scalp, sequela
S09.0XXA	Injury of blood vessels of head, not elsewhere classified, initial encounter
S09.0XXD	Injury of blood vessels of head, not elsewhere classified, subsequent encounter
S09.0XXS	Injury of blood vessels of head, not elsewhere classified, sequela
S09.10XA	Unspecified injury of muscle and tendon of head, initial encounter
S09.10XD	Unspecified injury of muscle and tendon of head, subsequent encounter
S09.10XS	Unspecified injury of muscle and tendon of head, sequela
S09.19XA	Other specified injury of muscle and tendon of head, initial encounter
S09.19XD	Other specified injury of muscle and tendon of head, subsequent encounter
S09.19XS	Other specified injury of muscle and tendon of head, sequela
S09.90XA	Unspecified injury of head, initial encounter
S09.90XD	Unspecified injury of head, subsequent encounter
S09.90XS	Unspecified injury of head, sequela
S09.91XA	Unspecified injury of ear, initial encounter
S09.91XD	Unspecified injury of ear, subsequent encounter
S09.91XS	Unspecified injury of ear, sequela
S09.92XA	Unspecified injury of nose, initial encounter
S09.92XD	Unspecified injury of nose, subsequent encounter
S09.92XS	Unspecified injury of nose, sequela
S09.93XA	Unspecified injury of face, initial encounter
S09.93XD	Unspecified injury of face, subsequent encounter
S09.93XS	Unspecified injury of face, sequela
S10.80XA	Unspecified superficial injury of other specified part of neck, initial encounter
S10.80XD	Unspecified superficial injury of other specified part of neck, subsequent encounter
S10.80XS	Unspecified superficial injury of other specified part of neck, sequela
S10.90XA	Unspecified superficial injury of unspecified part of neck, initial encounter
S10.90XD	Unspecified superficial injury of unspecified part of neck, subsequent encounter
S10.90XS	Unspecified superficial injury of unspecified part of neck, sequela
S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter
S16.8XXD	Other specified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S16.9XXA	Unspecified injury of muscle, fascia and tendon at neck level, initial encounter
S16.9XXD	Unspecified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.9XXS	Unspecified injury of muscle, fascia and tendon at neck level, sequela
S17.0XXA	Crushing injury of larynx and trachea, initial encounter
S17.0XXD	Crushing injury of larynx and trachea, subsequent encounter
S17.0XXS	Crushing injury of larynx and trachea, sequela
S17.8XXA	Crushing injury of other specified parts of neck, initial encounter
S17.8XXD	Crushing injury of other specified parts of neck, subsequent encounter
S17.8XXS	Crushing injury of other specified parts of neck, sequela
S17.9XXA	Crushing injury of neck, part unspecified, initial encounter
S17.9XXD	Crushing injury of neck, part unspecified, subsequent encounter
S17.9XXS	Crushing injury of neck, part unspecified, sequela
S19.9XXA	Unspecified injury of neck, initial encounter
S19.9XXD	Unspecified injury of neck, subsequent encounter
S19.9XXS	Unspecified injury of neck, sequela
V94.31XA	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, initial encounter
V94.31XD	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, subsequent encounter
V94.31XS	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, sequela
V94.32XA	Injury to rider of non-recreational watercraft being pulled behind other watercraft, initial encounter
V94.32XD	Injury to rider of non-recreational watercraft being pulled behind other watercraft, subsequent encounter
V94.32XS	Injury to rider of non-recreational watercraft being pulled behind other watercraft, sequela
V94.4XXA	Injury to barefoot water-skier, initial encounter

[illegible]

Y35.122A	Legal intervention involving injury by explosive shell, bystander injured, initial encounter
Y35.122D	Legal intervention involving injury by explosive shell, bystander injured, subsequent encounter
Y35.122S	Legal intervention involving injury by explosive shell, bystander injured, sequela
Y35.123A	Legal intervention involving injury by explosive shell, suspect injured, initial encounter
Y35.123D	Legal intervention involving injury by explosive shell, suspect injured, subsequent encounter
Y35.123S	Legal intervention involving injury by explosive shell, suspect injured, sequela
Y35.211A	Legal intervention involving injury by tear gas, law enforcement official injured, initial encounter
Y35.211D	Legal intervention involving injury by tear gas, law enforcement official injured, subsequent encounter
Y35.211S	Legal intervention involving injury by tear gas, law enforcement official injured, sequela
Y35.212A	Legal intervention involving injury by tear gas, bystander injured, initial encounter
Y35.212D	Legal intervention involving injury by tear gas, bystander injured, subsequent encounter
Y35.212S	Legal intervention involving injury by tear gas, bystander injured, sequela
Y35.213A	Legal intervention involving injury by tear gas, suspect injured, initial encounter
Y35.213D	Legal intervention involving injury by tear gas, suspect injured, subsequent encounter
Y35.213S	Legal intervention involving injury by tear gas, suspect injured, sequela
S08.812A	Partial traumatic amputation of nose, initial encounter
S08.812D	Partial traumatic amputation of nose, subsequent encounter
S08.812S	Partial traumatic amputation of nose, sequela
S08.89XA	Traumatic amputation of other parts of head, initial encounter
S08.89XD	Traumatic amputation of other parts of head, subsequent encounter
S08.89XS	Traumatic amputation of other parts of head, sequela
S09.11XA	Strain of muscle and tendon of head, initial encounter
S09.11XD	Strain of muscle and tendon of head, subsequent encounter
S09.11XS	Strain of muscle and tendon of head, sequela
S09.12XA	Laceration of muscle and tendon of head, initial encounter
S09.12XD	Laceration of muscle and tendon of head, subsequent encounter
S09.12XS	Laceration of muscle and tendon of head, sequela
S09.8XXA	Other specified injuries of head, initial encounter
S09.8XXD	Other specified injuries of head, subsequent encounter
S09.8XXS	Other specified injuries of head, sequela
S10.81XA	Abrasion of other specified part of neck, initial encounter
S10.81XD	Abrasion of other specified part of neck, subsequent encounter
S10.81XS	Abrasion of other specified part of neck, sequela
S10.83XA	Contusion of other specified part of neck, initial encounter
S10.83XD	Contusion of other specified part of neck, subsequent encounter
S10.83XS	Contusion of other specified part of neck, sequela
S10.84XA	External constriction of other specified part of neck, initial encounter
S10.84XD	External constriction of other specified part of neck, subsequent encounter
S10.84XS	External constriction of other specified part of neck, sequela
S10.85XA	Superficial foreign body of other specified part of neck, initial encounter
S10.85XD	Superficial foreign body of other specified part of neck, subsequent encounter
S10.85XS	Superficial foreign body of other specified part of neck, sequela
S10.91XA	Abrasion of unspecified part of neck, initial encounter
S10.91XD	Abrasion of unspecified part of neck, subsequent encounter
S10.91XS	Abrasion of unspecified part of neck, sequela
S10.93XA	Contusion of unspecified part of neck, initial encounter
S10.93XD	Contusion of unspecified part of neck, subsequent encounter
S10.93XS	Contusion of unspecified part of neck, sequela
S10.94XA	External constriction of unspecified part of neck, initial encounter
S10.94XD	External constriction of unspecified part of neck, subsequent encounter
S10.94XS	External constriction of unspecified part of neck, sequela
S11.80XA	Unspecified open wound of other specified part of neck, initial encounter
S11.80XD	Unspecified open wound of other specified part of neck, subsequent encounter
S11.80XS	Unspecified open wound of other specified part of neck, sequela
S11.81XA	Laceration without foreign body of other specified part of neck, initial encounter
S11.81XD	Laceration without foreign body of other specified part of neck, subsequent encounter
S11.81XS	Laceration without foreign body of other specified part of neck, sequela
S11.82XA	Laceration with foreign body of other specified part of neck, initial encounter
S11.82XD	Laceration with foreign body of other specified part of neck, subsequent encounter
S11.82XS	Laceration with foreign body of other specified part of neck, sequela
S11.83XA	Puncture wound without foreign body of other specified part of neck, initial encounter
S11.83XD	Puncture wound without foreign body of other specified part of neck, subsequent encounter
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
S11.83XS	Puncture wound without foreign body of other specified part of neck, sequela
S11.84XA	Puncture wound with foreign body of other specified part of neck, initial encounter
S11.84XD	Puncture wound with foreign body of other specified part of neck, subsequent encounter
S11.84XS	Puncture wound with foreign body of other specified part of neck, sequela
S11.85XA	Open bite of other specified part of neck, initial encounter
S11.85XD	Open bite of other specified part of neck, subsequent encounter
S11.85XS	Open bite of other specified part of neck, sequela
S11.89XA	Other open wound of other specified part of neck, initial encounter
S11.89XD	Other open wound of other specified part of neck, subsequent encounter
S11.89XS	Other open wound of other specified part of neck, sequela
S11.90XA	Unspecified open wound of unspecified part of neck, initial encounter
S11.90XD	Unspecified open wound of unspecified part of neck, subsequent encounter
S11.90XS	Unspecified open wound of unspecified part of neck, sequela
S11.91XA	Laceration without foreign body of unspecified part of neck, initial encounter
S11.91XD	Laceration without foreign body of unspecified part of neck, subsequent encounter
S11.91XS	Laceration without foreign body of unspecified part of neck, sequela
S11.92XA	Laceration with foreign body of unspecified part of neck, initial encounter
S11.92XD	Laceration with foreign body of unspecified part of neck, subsequent encounter
S11.92XS	Laceration with foreign body of unspecified part of neck, sequela
S11.93XA	Puncture wound without foreign body of unspecified part of neck, initial encounter
S11.93XD	Puncture wound without foreign body of unspecified part of neck, subsequent encounter
S11.93XS	Puncture wound without foreign body of unspecified part of neck, sequela
S11.94XA	Puncture wound with foreign body of unspecified part of neck, initial encounter
S11.94XD	Puncture wound with foreign body of unspecified part of neck, subsequent encounter
S11.94XS	Puncture wound with foreign body of unspecified part of neck, sequela
S11.95XA	Open bite of unspecified part of neck, initial encounter
S11.95XD	Open bite of unspecified part of neck, subsequent encounter
S11.95XS	Open bite of unspecified part of neck, sequela
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.000D	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.000G	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.000K	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with nonunion
S12.000S	Unspecified displaced fracture of first cervical vertebra, sequela
S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12.001D	Unspecified nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.001G	Unspecified nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.001K	Unspecified nondisplaced fracture of first cervical vertebra, subsequent encounter for fracture with nonunion
S12.001S	Unspecified nondisplaced fracture of first cervical vertebra, sequela
S12.01XA	Stable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.01XB	Stable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.01XD	Stable burst fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.01XG	Stable burst fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.01XK	Stable burst fracture of first cervical vertebra, subsequent encounter for fracture with nonunion
S12.01XS	Stable burst fracture of first cervical vertebra, sequela
S12.02XA	Unstable burst fracture of first cervical vertebra, initial encounter for closed fracture
S12.02XB	Unstable burst fracture of first cervical vertebra, initial encounter for open fracture
S12.02XD	Unstable burst fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.02XG	Unstable burst fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing
S12.02XK	Unstable burst fracture of first cervical vertebra, subsequent encounter for fracture with nonunion
S12.02XS	Unstable burst fracture of first cervical vertebra, sequela
S12.030A	Displaced posterior arch fracture of first cervical vertebra, initial encounter for closed fracture
S12.030B	Displaced posterior arch fracture of first cervical vertebra, initial encounter for open fracture
S12.030D	Displaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.030G	Displaced posterior arch fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing

[illegible]

[illegible]

[illegible]

Destruction Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
D030	Melanoma in situ of lip	
D0310	Melanoma in situ of unspecified eyelid, including canthus	
D0311	Melanoma in situ of right eyelid, including canthus	
D0312	Melanoma in situ of left eyelid, including canthus	
D0320	Melanoma in situ of unspecified ear and external auricular canal	
D0321	Melanoma in situ of right ear and external auricular canal	
D0322	Melanoma in situ of left ear and external auricular canal	
D0330	Melanoma in situ of unspecified part of face	
D0339	Melanoma in situ of other parts of face	
D034	Melanoma in situ of scalp and neck	
D0351	Melanoma in situ of anal skin	
D0352	Melanoma in situ of breast (skin) (soft tissue)	
D0359	Melanoma in situ of other part of trunk	
D0360	Melanoma in situ of unspecified upper limb, including shoulder	
D0361	Melanoma in situ of right upper limb, including shoulder	
D0362	Melanoma in situ of left upper limb, including shoulder	
D0370	Melanoma in situ of unspecified lower limb, including hip	
D0371	Melanoma in situ of right lower limb, including hip	
D0372	Melanoma in situ of left lower limb, including hip	
D038	Melanoma in situ of other sites	
D039	Melanoma in situ, unspecified	
D040	Carcinoma in situ of skin of lip	
D0410	Carcinoma in situ of skin of unspecified eyelid, including canthus	
D0411	Carcinoma in situ of skin of right eyelid, including canthus	
D0412	Carcinoma in situ of skin of left eyelid, including canthus	
D0420	Carcinoma in situ of skin of unspecified ear and external auricular canal	
D0421	Carcinoma in situ of skin of right ear and external auricular canal	
D0422	Carcinoma in situ of skin of left ear and external auricular canal	
D0430	Carcinoma in situ of skin of unspecified part of face	
D0439	Carcinoma in situ of skin of other parts of face	
D044	Carcinoma in situ of skin of scalp and neck	
D045	Carcinoma in situ of skin of trunk	
D0460	Carcinoma in situ of skin of unspecified upper limb, including shoulder	
D0461	Carcinoma in situ of skin of right upper limb, including shoulder	
D0462	Carcinoma in situ of skin of left upper limb, including shoulder	
D0470	Carcinoma in situ of skin of unspecified lower limb, including hip	
D0471	Carcinoma in situ of skin of right lower limb, including hip	
D0472	Carcinoma in situ of skin of left lower limb, including hip	
D048	Carcinoma in situ of skin of other sites	
D049	Carcinoma in situ of skin, unspecified	
L570	Actinic keratosis	
B070	Plantar wart	
A630	Anogenital (venereal) warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B078	Other viral warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B079	Viral wart, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B081	Molluscum contagiosum	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44212	Basal cell carcinoma skin/ r ear and external auri	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44319	Basal cell carcinoma of skin of other parts of fac	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C4441	Basal cell carcinoma of skin of scalp and neck	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C4442	Squamous cell carcinoma of skin of scalp and neck	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44519	Basal cell carcinoma of skin of other part of trun	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44612	Basal cell carcinoma skin/ right upper limb, inc s	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44619	Basal cell carcinoma skin/ left upper limb, inc sh	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44622	Squamous cell carcinoma skin/ right upper limb, in	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
C44729	Squamous cell carcinoma skin/ left lower limb, inc	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D072	Carcinoma in situ of vagina	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D100	Benign neoplasm of lip	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D2112	Ben neopl m of connctv/soft tiss of left upr limb	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D213	Benign neoplasm of connective and oth soft tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D216	Benign neoplasm of connctv/soft tiss of trunk, uns	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
H0011	Chalazion right upper eyelid	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K1321	Leukoplakia of oral mucosa, including tongue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K612	Anorectal abscess	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K644	Residual hemorrhoidal skin tags	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L281	Prurigo nodularis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L439	Lichen planus, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L728	Other follicular cysts of the skin and subcutaneou	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L729	Follicular cyst of the skin and subcutaneous tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L732	Hidradenitis suppurativa	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L738	Other specified follicular disorders	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L820	Inflamed seborrheic keratosis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L980	Pyogenic granuloma	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
M6740	Ganglion, unspecified site	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
N849	Polyp of female genital tract, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8500	Neurofibromatosis, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8501	Neurofibromatosis, type 1	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021

Dermabrasion Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
C4400	Unspecified malignant neoplasm of skin of lip	
C4401	Basal cell carcinoma of skin of lip	
C4402	Squamous cell carcinoma of skin of lip	
C4409	Other specified malignant neoplasm of skin of lip	
C44101	Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus	
C44102	Unspecified malignant neoplasm of skin of right eyelid, including canthus	
C44109	Unspecified malignant neoplasm of skin of left eyelid, including canthus	
C44111	Basal cell carcinoma of skin of unspecified eyelid, including canthus	
C44112	Basal cell carcinoma of skin of right eyelid, including canthus	
C44119	Basal cell carcinoma of skin of left eyelid, including canthus	
C44121	Squamous cell carcinoma of skin of unspecified eyelid, including canthus	
C44122	Squamous cell carcinoma of skin of right eyelid, including canthus	
C44129	Squamous cell carcinoma of skin of left eyelid, including canthus	
C44191	Other specified malignant neoplasm of skin of unspecified eyelid, including canthus	
C44192	Other specified malignant neoplasm of skin of right eyelid, including canthus	
C44199	Other specified malignant neoplasm of skin of left eyelid, including canthus	
C44201	Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal	
C44202	Unspecified malignant neoplasm of skin of right ear and external auricular canal	
C44209	Unspecified malignant neoplasm of skin of left ear and external auricular canal	
C44211	Basal cell carcinoma of skin of unspecified ear and external auricular canal	
C44212	Basal cell carcinoma of skin of right ear and external auricular canal	
C44219	Basal cell carcinoma of skin of left ear and external auricular canal	
C44221	Squamous cell carcinoma of skin of unspecified ear and external auricular canal	
C44222	Squamous cell carcinoma of skin of right ear and external auricular canal	
C44229	Squamous cell carcinoma of skin of left ear and external auricular canal	
C44291	Other specified malignant neoplasm of skin of unspecified ear and external auricular canal	
C44292	Other specified malignant neoplasm of skin of right ear and external auricular canal	
C44299	Other specified malignant neoplasm of skin of left ear and external auricular canal	
C4430	Unspecified malignant neoplasm of skin of unspecified part of face	
C44300	Unspecified malignant neoplasm of skin of nose	
C44309	Unspecified malignant neoplasm of skin of other parts of face	
C44310	Basal cell carcinoma of skin of unspecified parts of face	
C44311	Basal cell carcinoma of skin of nose	
C44319	Basal cell carcinoma of skin of other parts of face	
C44320	Squamous cell carcinoma of skin of unspecified parts of face	
C44321	Squamous cell carcinoma of skin of nose	
C44329	Squamous cell carcinoma of skin of other parts of face	
C44390	Other specified malignant neoplasm of skin of unspecified parts of face	
C44391	Other specified malignant neoplasm of skin of nose	
C44399	Other specified malignant neoplasm of skin of other parts of face	
C4440	Unspecified malignant neoplasm of skin of scalp and neck	
C4441	Basal cell carcinoma of skin of scalp and neck	
C4442	Squamous cell carcinoma of skin of scalp and neck	
C4449	Other specified malignant neoplasm of skin of scalp and neck	
C44500	Unspecified malignant neoplasm of anal skin	
C44501	Unspecified malignant neoplasm of skin of breast	
C44509	Unspecified malignant neoplasm of skin of other part of trunk	
C44510	Basal cell carcinoma of anal skin	
C44511	Basal cell carcinoma of skin of breast	
C44519	Basal cell carcinoma of skin of other part of trunk	
C44520	Squamous cell carcinoma of anal skin	
C44521	Squamous cell carcinoma of skin of breast	
C44529	Squamous cell carcinoma of skin of other parts of trunk	
C44590	Other specified malignant neoplasm of anal skin	
C44591	Other specified malignant neoplasm of skin of breast	
C44599	Other specified malignant neoplasm of skin of other parts of trunk	
C44601	Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder	
C44602	Unspecified malignant neoplasm of skin of right upper limb, including shoulder	
C44609	Unspecified malignant neoplasm of skin of left upper limb, including shoulder	
C44611	Basal cell carcinoma of skin of unspecified upper limb, including shoulder	
C44612	Basal cell carcinoma of skin of right upper limb, including shoulder	
C44619	Basal cell carcinoma of skin of left upper limb, including shoulder	
C44621	Squamous cell carcinoma of skin of unspecified upper limb, including shoulder	
C44622	Squamous cell carcinoma of skin of right upper limb, including shoulder	
C44629	Squamous cell carcinoma of skin of left upper limb, including shoulder	
C44691	Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder	
C44692	Other specified malignant neoplasm of skin of right upper limb, including shoulder	
C44699	Other specified malignant neoplasm of skin of left upper limb, including shoulder	
C44701	Carcinoma in situ of skin of unspecified eyelid, including canthus	
C44702	Unspecified malignant neoplasm of skin of right lower limb, including hip	
C44709	Unspecified malignant neoplasm of skin of left lower limb, including hip	
C44711	Basal cell carcinoma of skin of unspecified lower limb, including hip	
C44712	Basal cell carcinoma of skin of right lower limb, including hip	
C44719	Basal cell carcinoma of skin of left lower limb, including hip	
C44721	Squamous cell carcinoma of skin of unspecified lower limb, including hip	
C44722	Squamous cell carcinoma of skin of right lower limb, including hip	
C44729	Squamous cell carcinoma of skin of left lower limb, including hip	
C44791	Other specified malignant neoplasm of skin of unspecified lower limb, including hip	
C44792	Other specified malignant neoplasm of skin of right lower limb, including hip	
C44799	Other specified malignant neoplasm of skin of left lower limb, including hip	
C4480	Unspecified malignant neoplasm of overlapping sites of skin	
C4481	Basal cell carcinoma of overlapping sites of skin	
C4482	Squamous cell carcinoma of overlapping sites of skin	
C4489	Other specified malignant neoplasm of overlapping sites of skin	
C4490	Unspecified malignant neoplasm of skin, unspecified	
C4491	Basal cell carcinoma of skin, unspecified	
C4492	Squamous cell carcinoma of skin, unspecified	
C4499	Other specified malignant neoplasm of skin, unspecified	
D040	Carcinoma in situ of skin of lip	
D0410	Carcinoma in situ of skin of unspecified eyelid, including canthus	
D0411	Carcinoma in situ of skin of right eyelid, including canthus	
D0412	Carcinoma in situ of skin of left eyelid, including canthus	
D0420	Carcinoma in situ of skin of unspecified ear and external auricular canal	
D0421	Carcinoma in situ of skin of right ear and external auricular canal	
D0422	Carcinoma in situ of skin of left ear and external auricular canal	
D043	Carcinoma in situ of skin of unspecified part of face	
D0430	Carcinoma in situ of skin of other parts of face	
D0439	Carcinoma in situ of skin of other parts of face	
D044	Carcinoma in situ of skin of scalp and neck	
D045	Carcinoma in situ of skin of trunk	
D0460	Carcinoma in situ of skin of unspecified upper limb, including shoulder	
D0461	Carcinoma in situ of skin of right upper limb, including shoulder	
D0462	Carcinoma in situ of skin of left upper limb, including shoulder	
D0470	Carcinoma in situ of skin of unspecified lower limb, including hip	
D0471	Carcinoma in situ of skin of right lower limb, including hip	
D0472	Carcinoma in situ of skin of left lower limb, including hip	
D048	Carcinoma in situ of skin of other sites	
D049	Carcinoma in situ of skin, unspecified	
L570	Actinic keratosis	
A630	Anogenital (venereal) warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B078	Other viral warts	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B079	Viral wart, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
B081	Molluscum contagiosum	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D072	Carcinoma in situ of vagina	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D100	Benign neoplasm of lip	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D2112	Ben neopl of connectv/soft tiss of left upr limb	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D213	Benign neoplasm of connective and oth soft tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
D216	Benign neoplasm of connectv/soft tiss of trunk, uns	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
H0011	Chalazion right upper eyelid	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021

K1321	Leukoplakia of oral mucosa, including tongue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K612	Anorectal abscess	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
K644	Residual hemorrhoidal skin tags	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L281	Prurigo nodularis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L439	Lichen planus, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L728	Other follicular cysts of the skin and subcutaneou	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L729	Follicular cyst of the skin and subcutaneous tissue	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L732	Hidradenitis suppurativa	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L738	Other specified follicular disorders	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L820	Inflamed seborrheic keratosis	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
L980	Pyogenic granuloma	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
M6740	Ganglion, unspecified site	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
N849	Polyp of female genital tract, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8500	Neurofibromatosis, unspecified	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021
Q8501	Neurofibromatosis, type 1	11.2.2020 AF- Added per BCC committee. Effective on 1.1.2021

FOOT CARE LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
E0800	Diab D/T Undrl Cond W Hyprosm W/O Nonket Hyprgly-H
E0801	Diabetes Due To Underlying Condition W Hyprosm W C
E0810	Diabetes Due To Underlying Condition W Ketoacidosi
E0811	Diabetes Due To Underlying Condition W Ketoacidosi
E0821	Diabetes Due To Underlying Condition W Diabetic Ne
E0822	Diabetes Due To Undrl Cond W Diabetic Chronic Kidn
E0829	Diabetes Due To Undrl Condition W Oth Diabetic Kid
E08311	Diab Due To Undrl Cond W Unsp Diabetic Rtnop W Mac
E08319	Diab Due To Undrl Cond W Unsp Diab Rtnop W/O Macul
E08321	Diab D/T Undrl Cond W Mild Nonprlf Diab Rtnop W Mc
E08329	Diab D/T Undrl Cond W Mild Nonprlf Diab Rtnop W/O
E08339	Diab D/T Undrl Cond W Mod Nonprlf Diab Rtnop W/O M
E08341	Diab D/T Undrl Cond W Severe Nonprlf Diab Rtnop W
E08349	Diab D/T Undrl Cond W Sev Nonprlf Diab Rtnop W/O M
E08351	Diab Due To Undrl Cond W Prolif Diab Rtnop W Macul
E08359	Diab Due To Undrl Cond W Prolif Diab Rtnop W/O Mac
E0836	Diabetes Due To Underlying Condition W Diabetic Ca
E0839	Diabetes Due To Undrl Condition W Oth Diabetic Opt
E0840	Diabetes Due To Underlying Condition W Diabetic Ne
E0900	Drug/Chem Diab W Hyprosm W/O Nonket Hyprgly-Hypros
E0901	Drug/Chem Diabetes Mellitus W Hyperosmolarity W Co
E0910	Drug/Chem Diabetes Mellitus W Ketoacidosis W/O Com
E0911	Drug/Chem Diabetes Mellitus W Ketoacidosis W Coma
E0921	Drug/Chem Diabetes Mellitus W Diabetic Nephropathy
E0922	Drug/Chem Diabetes W Diabetic Chronic Kidney Disea
E0929	Drug/Chem Diabetes W Oth Diabetic Kidney Complicat
E09311	Drug/Chem Diabetes W Unsp Diabetic Rtnop W Macular
E09319	Drug/Chem Diabetes W Unsp Diabetic Rtnop W/O Macul
E09321	Drug/Chem Diab W Mild Nonprlf Diabetic Rtnop W Mac
E09329	Drug/Chem Diab W Mild Nonprlf Diab Rtnop W/O Macul
E09331	Drug/Chem Diab W Moderate Nonprlf Diab Rtnop W Mac
E09339	Drug/Chem Diab W Mod Nonprlf Diab Rtnop W/O Macula
E09341	Drug/Chem Diab W Severe Nonprlf Diab Rtnop W Macul
E09349	Drug/Chem Diab W Severe Nonprlf Diab Rtnop W/O Mac
E09351	Drug/Chem Diabetes W Prolif Diabetic Rtnop W Macul
E09359	Drug/Chem Diabetes W Prolif Diabetic Rtnop W/O Mac
E0936	Drug/Chem Diabetes Mellitus W Diabetic Cataract
E0940	Drug/Chem Diabetes W Neuro Comp W Diabetic Neuropa
E0941	Drug/Chem Diabetes W Neuro Comp W Diabetic Mononeu
E0942	Drug/Chem Diabetes W Neurological Comp W Diabetic
E0943	Drug/Chem Diab W Neuro Comp W Diab Autonm (Poly)Ne
E0944	Drug/Chem Diabetes W Neurological Comp W Diabetic
E0949	Drug/Chem Diabetes W Neuro Comp W Oth Diabetic Neu
E0951	Drug/Chem Diabetes W Diabetic Prph Angiopath W/O G
E0952	Drug/Chem Diabetes W Diabetic Prph Angiopath W Gan
E0959	Drug/Chem Diabetes Mellitus W Oth Circulatory Comp
E09610	Drug/Chem Diabetes W Diabetic Neuropathic Arthropo
E09618	Drug/Chem Diabetes Mellitus W Oth Diabetic Arthrop
E09620	Drug/Chem Diabetes Mellitus W Diabetic Dermatitis
E09621	Drug Or Chemical Induced Diabetes Mellitus With Fo
E09622	Drug Or Chemical Induced Diabetes Mellitus W Oth S
E09628	Drug/Chem Diabetes Mellitus W Oth Skin Complicatio
E09630	Drug/Chem Diabetes Mellitus W Periodontal Disease
E09638	Drug/Chem Diabetes Mellitus W Oth Oral Complicatio
E09641	Drug/Chem Diabetes Mellitus W Hypoglycemia W Coma
E09649	Drug/Chem Diabetes Mellitus W Hypoglycemia W/O Com
E0965	Drug Or Chemical Induced Diabetes Mellitus W Hyper
E0969	Drug/Chem Diabetes Mellitus W Oth Complication
E098	Drug/Chem Diabetes Mellitus W Unsp Complications
E099	Drug Or Chemical Induced Diabetes Mellitus W/O Com
E1010	Type 1 Diabetes Mellitus With Ketoacidosis Without
E1011	Type 1 Diabetes Mellitus With Ketoacidosis With Co
E1021	Type 1 Diabetes Mellitus With Diabetic Nephropathy
E1022	Type 1 Diabetes Mellitus W Diabetic Chronic Kidney
E1029	Type 1 Diabetes Mellitus W Oth Diabetic Kidney Com
E10311	Type 1 Diabetes W Unsp Diabetic Retinopathy W Macu
E10319	Type 1 Diabetes W Unsp Diabetic Rtnop W/O Macular
E10321	Type 1 Diab W Mild Nonprlf Diabetic Rtnop W Macula
E10329	Type 1 Diab W Mild Nonprlf Diabetic Rtnop W/O Macu
E10331	Type 1 Diab W Moderate Nonprlf Diab Rtnop W Macula
E10339	Type 1 Diab W Moderate Nonprlf Diab Rtnop W/O Macu
E10341	Type 1 Diab W Severe Nonprlf Diabetic Rtnop W Macu
E10349	Type 1 Diab W Severe Nonprlf Diab Rtnop W/O Macula
E10351	Type 1 Diabetes W Prolif Diabetic Rtnop W Macular
E10359	Type 1 Diabetes W Prolif Diabetic Rtnop W/O Macula
E1036	Type 1 Diabetes Mellitus With Diabetic Cataract
E1039	Type 1 Diabetes W Oth Diabetic Ophthalmic Complica
E1040	Type 1 Diabetes Mellitus With Diabetic Neuropathy,
E1041	Type 1 Diabetes Mellitus With Diabetic Mononeuropa
E1042	Type 1 Diabetes Mellitus With Diabetic Polyneuropa
E1043	Type 1 Diabetes W Diabetic Autonomic (Poly)Neuropa
E1044	Type 1 Diabetes Mellitus With Diabetic Amyotrophy
E1049	Type 1 Diabetes W Oth Diabetic Neurological Compli
E1051	Type 1 Diabetes W Diabetic Peripheral Angiopath W/
E1052	Type 1 Diabetes W Diabetic Peripheral Angiopathy W
E1059	Type 1 Diabetes Mellitus With Oth Circulatory Comp
E10610	Type 1 Diabetes Mellitus W Diabetic Neuropathic Ar
E10618	Type 1 Diabetes Mellitus With Other Diabetic Arthr
E10620	Type 1 Diabetes Mellitus With Diabetic Dermatitis
E10621	Type 1 Diabetes Mellitus With Foot Ulcer
E10622	Type 1 Diabetes Mellitus With Other Skin Ulcer
E10628	Type 1 Diabetes Mellitus With Other Skin Complicat
E10630	Type 1 Diabetes Mellitus With Periodontal Disease
E10638	Type 1 Diabetes Mellitus With Other Oral Complicat
E10641	Type 1 Diabetes Mellitus With Hypoglycemia With Co
E10649	Type 1 Diabetes Mellitus With Hypoglycemia Without
E1065	Type 1 Diabetes Mellitus With Hyperglycemia
E1069	Type 1 Diabetes Mellitus With Other Specified Comp
E108	Type 1 Diabetes Mellitus With Unspecified Complica
E109	Type 1 Diabetes Mellitus Without Complications

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

E1100	Type 2 Diab W Hyprosm W/O Nonket Hyprgly-Hypros Co
E1101	Type 2 Diabetes Mellitus With Hyperosmolarity With
E1121	Type 2 Diabetes Mellitus With Diabetic Nephropathy
E1122	Type 2 Diabetes Mellitus W Diabetic Chronic Kidney
E1129	Type 2 Diabetes Mellitus W Oth Diabetic Kidney Com
E11311	Type 2 Diabetes W Unsp Diabetic Retinopathy W Macu
E11319	Type 2 Diabetes W Unsp Diabetic Rtnop W/O Macular
E11321	Type 2 Diab W Mild Nonprlf Diabetic Rtnop W Macula
E11329	Type 2 Diab W Mild Nonprlf Diabetic Rtnop W/O Macu
E11331	Type 2 Diab W Moderate Nonprlf Diab Rtnop W Macula
E11339	Type 2 Diab W Moderate Nonprlf Diab Rtnop W/O Macu
E11341	Type 2 Diab W Severe Nonprlf Diabetic Rtnop W Macu
E11349	Type 2 Diab W Severe Nonprlf Diab Rtnop W/O Macula
E11351	Type 2 Diabetes W Prolif Diabetic Rtnop W Macular
E11359	Type 2 Diabetes W Prolif Diabetic Rtnop W/O Macula
E1136	Type 2 Diabetes Mellitus With Diabetic Cataract
E1139	Type 2 Diabetes W Oth Diabetic Ophthalmic Complica
E1140	Type 2 Diabetes Mellitus With Diabetic Neuropathy,
E1141	Type 2 Diabetes Mellitus With Diabetic Mononeuropa
E1142	Type 2 Diabetes Mellitus With Diabetic Polyneuropa
E1143	Type 2 Diabetes W Diabetic Autonomic (Poly)Neuropa
E1144	Type 2 Diabetes Mellitus With Diabetic Amyotrophy
E1149	Type 2 Diabetes W Oth Diabetic Neurological Compli
E1151	Type 2 Diabetes W Diabetic Peripheral Angiopath W/
E1152	Type 2 Diabetes W Diabetic Peripheral Angiopathy W
E1159	Type 2 Diabetes Mellitus With Oth Circulatory Comp
E11610	Type 2 Diabetes Mellitus W Diabetic Neuropathic Ar
E11618	Type 2 Diabetes Mellitus With Other Diabetic Arthr
E11620	Type 2 Diabetes Mellitus With Diabetic Dermatitis
E11621	Type 2 Diabetes Mellitus With Foot Ulcer
E11622	Type 2 Diabetes Mellitus With Other Skin Ulcer
E11628	Type 2 Diabetes Mellitus With Other Skin Complicat
E11630	Type 2 Diabetes Mellitus With Periodontal Disease
E11638	Type 2 Diabetes Mellitus With Other Oral Complicat
E11641	Type 2 Diabetes Mellitus With Hypoglycemia With Co
E11649	Type 2 Diabetes Mellitus With Hypoglycemia Without
E1165	Type 2 Diabetes Mellitus With Hyperglycemia
E1169	Type 2 Diabetes Mellitus With Other Specified Comp
E118	Type 2 Diabetes Mellitus With Unspecified Complica
E119	Type 2 Diabetes Mellitus Without Complications
E1300	Oth Diab W Hyprosm W/O Nonket Hyprgly-Hypros Coma
E1301	Oth Diabetes Mellitus With Hyperosmolarity With Co
E1310	Oth Diabetes Mellitus With Ketoacidosis Without Co
E1311	Oth Diabetes Mellitus With Ketoacidosis With Coma
E1321	Other Specified Diabetes Mellitus With Diabetic Ne
E1322	Oth Diabetes Mellitus With Diabetic Chronic Kidney
E1329	Oth Diabetes Mellitus With Oth Diabetic Kidney Com
E13311	Oth Diabetes W Unsp Diabetic Retinopathy W Macular
E13319	Oth Diabetes W Unsp Diabetic Retinopathy W/O Macul
E13321	Oth Diabetes W Mild Nonprlf Diabetic Rtnop W Macul
E13329	Oth Diabetes W Mild Nonprlf Diabetic Rtnop W/O Mac
E13331	Oth Diab W Moderate Nonprlf Diabetic Rtnop W Macul
E13339	Oth Diab W Moderate Nonprlf Diabetic Rtnop W/O Mac
E13341	Oth Diabetes W Severe Nonprlf Diabetic Rtnop W Mac
E13349	Oth Diab W Severe Nonprlf Diabetic Rtnop W/O Macul
E13351	Oth Diabetes W Prolif Diabetic Retinopathy W Macul
E13359	Oth Diabetes W Prolif Diabetic Retinopathy W/O Mac
E1336	Other Specified Diabetes Mellitus With Diabetic Ca
E1339	Oth Diabetes Mellitus W Oth Diabetic Ophthalmic Co
E1340	Oth Diabetes Mellitus With Diabetic Neuropathy, Un
E1341	Oth Diabetes Mellitus With Diabetic Mononeuropathy
E1342	Oth Diabetes Mellitus With Diabetic Polyneuropathy
E1343	Oth Diabetes Mellitus W Diabetic Autonomic (Poly)N
E1344	Other Specified Diabetes Mellitus With Diabetic Am
E1349	Oth Diabetes W Oth Diabetic Neurological Complicat
E1351	Oth Diabetes W Diabetic Peripheral Angiopathy W/O
E1352	Oth Diabetes W Diabetic Peripheral Angiopathy W Ga
E1359	Oth Diabetes Mellitus With Other Circulatory Compl
E13610	Oth Diabetes Mellitus With Diabetic Neuropathic Ar
E13618	Oth Diabetes Mellitus With Other Diabetic Arthropa
E13620	Other Specified Diabetes Mellitus With Diabetic De
E13621	Other Specified Diabetes Mellitus With Foot Ulcer
E13622	Other Specified Diabetes Mellitus With Other Skin
E13628	Oth Diabetes Mellitus With Other Skin Complication
E13630	Other Specified Diabetes Mellitus With Periodontal
E13638	Oth Diabetes Mellitus With Other Oral Complication
E13641	Oth Diabetes Mellitus With Hypoglycemia With Coma
E13649	Oth Diabetes Mellitus With Hypoglycemia Without Co
E1365	Other Specified Diabetes Mellitus With Hyperglycem
E1369	Oth Diabetes Mellitus With Other Specified Complic
E138	Oth Diabetes Mellitus With Unspecified Complicatio
E139	Other Specified Diabetes Mellitus Without Complica
E8331	Familial Hypophosphatemia
I700	Atherosclerosis Of Aorta
I701	Atherosclerosis Of Renal Artery
I70201	Unsp Athscl Native Arteries Of Extremities, Right
I70202	Unsp Athscl Native Arteries Of Extremities, Left L
I70203	Unsp Athscl Native Arteries Of Extremities, Bilate
I70208	Unsp Athscl Native Arteries Of Extremities, Oth Ex
I70209	Unsp Athscl Native Arteries Of Extremities, Unsp E
I70211	Athscl Native Arteries Of Extrm W Intrmt Claud, Ri
I70212	Athscl Native Arteries Of Extrm W Intrmt Claud, Le
I70213	Athscl Native Arteries Of Extrm W Intrmt Claud, Bi
I70218	Athscl Native Arteries Of Extrm W Intrmt Claud, Ot
I70219	Athscl Native Arteries Of Extrm W Intrmt Claud, Un
I70221	Athscl Native Arteries Of Extremities W Rest Pain,
I70222	Athscl Native Arteries Of Extremities W Rest Pain,
I70223	Athscl Native Arteries Of Extrm W Rest Pain, Bilat
I70228	Athscl Native Arteries Of Extrm W Rest Pain, Oth E
I70229	Athscl Native Arteries Of Extrm W Rest Pain, Unsp
I70231	Athscl Native Arteries Of Right Leg W Ulceration O
I70232	Athscl Native Arteries Of Right Leg W Ulceration O
I70233	Athscl Native Arteries Of Right Leg W Ulceration O
I70234	Athscl Native Art Of Right Leg W Ulcer Of Heel And
I70235	Athscl Native Arteries Of Right Leg W Ulcer Oth Pr

I70238	Athscl Natv Art Of Right Leg W Ulcer Oth Prt Lower
I70239	Athscl Native Arteries Of Right Leg W Ulcer Of Uns
I70241	Athscl Native Arteries Of Left Leg W Ulceration Of
I70242	Athscl Native Arteries Of Left Leg W Ulceration Of
I70243	Athscl Native Arteries Of Left Leg W Ulceration Of
I70244	Athscl Native Art Of Left Leg W Ulcer Of Heel And
I70245	Athscl Native Arteries Of Left Leg W Ulceration Ot
I70248	Athscl Native Art Of Left Leg W Ulcer Oth Prt Lowe
I70249	Athscl Native Arteries Of Left Leg W Ulceration Of
I7025	Athscl Native Arteries Of Extremities W Ulceration
I70261	Athscl Native Arteries Of Extremities W Gangrene,
I70262	Athscl Native Arteries Of Extremities W Gangrene,
I70263	Athscl Native Arteries Of Extrm W Gangrene, Bilate
I70268	Athscl Native Arteries Of Extrm W Gangrene, Oth Ex
I70291	Oth Athscl Native Arteries Of Extremities, Right L
I70292	Oth Athscl Native Arteries Of Extremities, Left Le
I70293	Oth Athscl Native Arteries Of Extremities, Bilater
I70298	Oth Athscl Native Arteries Of Extremities, Oth Ext
I70299	Oth Athscl Native Arteries Of Extremities, Unsp Ex
I70301	Unsp Athscl Unsp Type Bypass Of The Extremities, R
I70302	Unsp Athscl Unsp Type Bypass Of The Extremities, L
I70303	Unsp Athscl Unsp Type Bypass Of The Extrm, Bilater
I70308	Unsp Athscl Unsp Type Bypass Of The Extrm, Oth Ext
I70309	Unsp Athscl Unsp Type Bypass Of The Extrm, Unsp Ex
I70311	Athscl Unsp Type Bypass Of Extrm W Intrmt Claud, R
I70312	Athscl Unsp Type Bypass Of Extrm W Intrmt Claud, L
I70313	Athscl Unsp Type Bypass Of The Extrm W Intrmt Clau
I70318	Athscl Unsp Type Bypass Of Extrm W Intrmt Claud, O
I70319	Athscl Unsp Type Bypass Of Extrm W Intrmt Claud, U
I70321	Athscl Unsp Type Bypass Of The Extrm W Rest Pain,
I70322	Athscl Unsp Type Bypass Of The Extrm W Rest Pain,
I70323	Athscl Unsp Type Bypass Of The Extrm W Rest Pain,
I70328	Athscl Unsp Type Bypass Of The Extrm W Rest Pain,
I70329	Athscl Unsp Type Bypass Of The Extrm W Rest Pain,
I70331	Athscl Unsp Type Bypass Of The Right Leg W Ulcer O
I70332	Athscl Unsp Type Bypass Of The Right Leg W Ulcer O
I70333	Athscl Unsp Type Bypass Of The Right Leg W Ulcer O
I70334	Athscl Unsp Type Bypass Of R Leg W Ulcer Of Heel A
I70335	Athscl Unsp Type Bypass Of Right Leg W Ulcer Oth P
I70338	Athscl Unsp Type Bypass Of Right Leg W Ulcer Oth P
I70339	Athscl Unsp Type Bypass Of Right Leg W Ulcer Of Un
I70341	Athscl Unsp Type Bypass Of The Left Leg W Ulcer Of
I70342	Athscl Unsp Type Bypass Of The Left Leg W Ulcerati
I70343	Athscl Unsp Type Bypass Of The Left Leg W Ulcer Of
I70344	Athscl Unsp Type Bypass Of Left Leg W Ulc Of Heel
I70345	Athscl Unsp Type Bypass Of The Left Leg W Ulcer Ot
I70348	Athscl Unsp Type Bypass Of Left Leg W Ulcer Oth Pr
I70349	Athscl Unsp Type Bypass Of The Left Leg W Ulcer Of
I7035	Athscl Unsp Type Bypass Graft(S) Of Extremity W Ul
I70361	Athscl Unsp Type Bypass Of The Extrm W Gangrene, R
I70362	Athscl Unsp Type Bypass Of The Extrm W Gangrene, L
I70363	Athscl Unsp Type Bypass Of The Extrm W Gangrene, B
I70368	Athscl Unsp Type Bypass Of The Extrm W Gangrene, O
I70369	Athscl Unsp Type Bypass Of The Extrm W Gangrene, U
I70391	Oth Athscl Unsp Type Bypass Of The Extremities, Ri
I70392	Oth Athscl Unsp Type Bypass Of The Extremities, Le
I70393	Oth Athscl Unsp Type Bypass Of The Extrm, Bilatera
I70398	Oth Athscl Unsp Type Bypass Of The Extrm, Oth Extr
I70399	Oth Athscl Unsp Type Bypass Of The Extrm, Unsp Ext
I70401	Unsp Athscl Autologous Vein Bypass Of The Extrm, R
I70402	Unsp Athscl Autologous Vein Bypass Of The Extrm, L
I70403	Unsp Athscl Autol Vein Bypass Of The Extrm, Bilate
I70408	Unsp Athscl Autol Vein Bypass Of The Extrm, Oth Ex
I70409	Unsp Athscl Autol Vein Bypass Of The Extrm, Unsp E
I70411	Athscl Autol Vein Bypass Of Extrm W Intrmt Claud,
I70412	Athscl Autol Vein Bypass Of Extrm W Intrmt Claud,
I70413	Athscl Autol Vein Bypass Of Extrm W Intrmt Claud,
I70418	Athscl Autol Vein Bypass Of Extrm W Intrmt Claud,
I70419	Athscl Autol Vein Bypass Of Extrm W Intrmt Claud,
I70421	Athscl Autol Vein Bypass Of The Extrm W Rest Pain,
I70422	Athscl Autol Vein Bypass Of The Extrm W Rest Pain,
I70423	Athscl Autol Vein Bypass Of The Extrm W Rest Pain,
I70428	Athscl Autol Vein Bypass Of The Extrm W Rest Pain,
I70429	Athscl Autol Vein Bypass Of Extrm W Rest Pain, Uns
I70431	Athscl Autol Vein Bypass Of The Right Leg W Ulcer
I70432	Athscl Autol Vein Bypass Of The Right Leg W Ulcer
I70433	Athscl Autol Vein Bypass Of The Right Leg W Ulcer
I70434	Athscl Autol Vein Bypass Of R Leg W Ulcer Of Heel
I70435	Athscl Autol Vein Bypass Of Right Leg W Ulcer Oth
I70438	Athscl Autol Vein Bypass Of R Leg W Ulcer Oth Prt
I70439	Athscl Autol Vein Bypass Of Right Leg W Ulcer Of U
I70441	Athscl Autol Vein Bypass Of The Left Leg W Ulcer O
I70442	Athscl Autol Vein Bypass Of The Left Leg W Ulcer O
I70443	Athscl Autol Vein Bypass Of The Left Leg W Ulcer O
I70444	Athscl Autol Vein Bypass Of Left Leg W Ulc Of Heel
I70445	Athscl Autol Vein Bypass Of Left Leg W Ulcer Oth P
I70448	Athscl Autol Vein Bypass Of Left Leg W Ulcer Oth P
I70449	Athscl Autol Vein Bypass Of Left Leg W Ulcer Of Un
I7045	Athscl Autologous Vein Bypass Of Extremity W Ulcer
I70461	Athscl Autol Vein Bypass Of The Extrm W Gangrene,
I70462	Athscl Autol Vein Bypass Of The Extrm W Gangrene,
I70463	Athscl Autol Vein Bypass Of The Extrm W Gangrene,
I70468	Athscl Autol Vein Bypass Of The Extrm W Gangrene,
I70469	Athscl Autol Vein Bypass Of The Extrm W Gangrene,
I70491	Oth Athscl Autologous Vein Bypass Of The Extrm, Ri
I70492	Oth Athscl Autologous Vein Bypass Of The Extrm, Le
I70493	Oth Athscl Autol Vein Bypass Of The Extrm, Bilater
I70498	Oth Athscl Autol Vein Bypass Of The Extrm, Oth Ext
I70499	Oth Athscl Autol Vein Bypass Of The Extrm, Unsp Ex
I70501	Unsp Athscl Nonaut Bio Bypass Of The Extremities,
I70502	Unsp Athscl Nonaut Bio Bypass Of The Extremities,
I70503	Unsp Athscl Nonaut Bio Bypass Of The Extrm, Bilate
I70508	Unsp Athscl Nonaut Bio Bypass Of The Extrm, Oth Ex
I70509	Unsp Athscl Nonaut Bio Bypass Of The Extrm, Unsp E
I70511	Athscl Nonaut Bio Bypass Of Extrm W Intrmt Claud,

I70512	Athscl Nonaut Bio Bypass Of Extrm W Intrmt Claud,
I70513	Athscl Nonaut Bio Bypass Of Extrm W Intrmt Claud,
I70518	Athscl Nonaut Bio Bypass Of Extrm W Intrmt Claud,
I70519	Athscl Nonaut Bio Bypass Of Extrm W Intrmt Claud,
I70521	Athscl Nonaut Bio Bypass Of The Extrm W Rest Pain,
I70522	Athscl Nonaut Bio Bypass Of The Extrm W Rest Pain,
I70523	Athscl Nonaut Bio Bypass Of The Extrm W Rest Pain,
I70528	Athscl Nonaut Bio Bypass Of The Extrm W Rest Pain,
I70529	Athscl Nonaut Bio Bypass Of Extrm W Rest Pain, Uns
I70531	Athscl Nonaut Bio Bypass Of The Right Leg W Ulcer
I70532	Athscl Nonaut Bio Bypass Of The Right Leg W Ulcer
I70533	Athscl Nonaut Bio Bypass Of The Right Leg W Ulcer
I70534	Athscl Nonaut Bio Bypass Of R Leg W Ulcer Of Heel
I70535	Athscl Nonaut Bio Bypass Of Right Leg W Ulcer Oth
I70538	Athscl Nonaut Bio Bypass Of R Leg W Ulcer Oth Prt
I70539	Athscl Nonaut Bio Bypass Of Right Leg W Ulcer Of U
I70541	Athscl Nonaut Bio Bypass Of The Left Leg W Ulcer O
I70542	Athscl Nonaut Bio Bypass Of The Left Leg W Ulcer O
I70543	Athscl Nonaut Bio Bypass Of The Left Leg W Ulcer O
I70544	Athscl Nonaut Bio Bypass Of Left Leg W Ulc Of Heel
I70545	Athscl Nonaut Bio Bypass Of Left Leg W Ulcer Oth P
I70548	Athscl Nonaut Bio Bypass Of Left Leg W Ulcer Oth P
I70549	Athscl Nonaut Bio Bypass Of Left Leg W Ulcer Of Un
I7055	Athscl Nonautologous Bio Bypass Of Extremity W Ulc
I70561	Athscl Nonaut Bio Bypass Of The Extrm W Gangrene,
I70562	Athscl Nonaut Bio Bypass Of The Extrm W Gangrene,
I70563	Athscl Nonaut Bio Bypass Of The Extrm W Gangrene,
I70568	Athscl Nonaut Bio Bypass Of The Extrm W Gangrene,
I70569	Athscl Nonaut Bio Bypass Of The Extrm W Gangrene,
I70591	Oth Athscl Nonaut Bio Bypass Of The Extremities, R
I70592	Oth Athscl Nonaut Bio Bypass Of The Extremities, L
I70593	Oth Athscl Nonaut Bio Bypass Of The Extrm, Bilater
I70598	Oth Athscl Nonaut Bio Bypass Of The Extrm, Oth Ext
I70599	Oth Athscl Nonaut Bio Bypass Of The Extrm, Unsp Ex
I70601	Unsp Athscl Nonbiol Bypass Of The Extremities, Rig
I70602	Unsp Athscl Nonbiol Bypass Of The Extremities, Lef
I70603	Unsp Athscl Nonbiol Bypass Of The Extrm, Bilateral
I70608	Unsp Athscl Nonbiol Bypass Of The Extremities, Oth
I70609	Unsp Athscl Nonbiol Bypass Of The Extrm, Unsp Extr
I70611	Athscl Nonbiol Bypass Of The Extrm W Intrmt Claud,
I70612	Athscl Nonbiol Bypass Of The Extrm W Intrmt Claud,
I70613	Athscl Nonbiol Bypass Of The Extrm W Intrmt Claud,
I70618	Athscl Nonbiol Bypass Of The Extrm W Intrmt Claud,
I70619	Athscl Nonbiol Bypass Of Extrm W Intrmt Claud, Uns
I70621	Athscl Nonbiol Bypass Of The Extrm W Rest Pain, Ri
I70622	Athscl Nonbiol Bypass Of The Extrm W Rest Pain, Le
I70623	Athscl Nonbiol Bypass Of The Extrm W Rest Pain, Bi
I70628	Athscl Nonbiol Bypass Of The Extrm W Rest Pain, Ot
I70629	Athscl Nonbiol Bypass Of The Extrm W Rest Pain, Un
I70631	Athscl Nonbiol Bypass Of The Right Leg W Ulceratio
I70632	Athscl Nonbiol Bypass Of The Right Leg W Ulceratio
I70633	Athscl Nonbiol Bypass Of The Right Leg W Ulceratio
I70634	Athscl Nonbiol Bypass Of Right Leg W Ulcer Of Heel
I70635	Athscl Nonbiol Bypass Of The Right Leg W Ulcer Oth
I70638	Athscl Nonbiol Bypass Of Right Leg W Ulcer Oth Prt
I70639	Athscl Nonbiol Bypass Of The Right Leg W Ulcer Of
I70641	Athscl Nonbiol Bypass Of The Left Leg W Ulceration
I70642	Athscl Nonbiol Bypass Of The Left Leg W Ulceration
I70643	Athscl Nonbiol Bypass Of The Left Leg W Ulceration
I70644	Athscl Nonbiol Bypass Of Left Leg W Ulcer Of Heel
I70645	Athscl Nonbiol Bypass Of The Left Leg W Ulcer Oth
I70648	Athscl Nonbiol Bypass Of Left Leg W Ulcer Oth Prt
I70649	Athscl Nonbiol Bypass Of The Left Leg W Ulcer Of U
I7065	Athscl Nonbiological Bypass Of Extremity W Ulcerat
I70661	Athscl Nonbiol Bypass Of The Extrm W Gangrene, Rig
I70662	Athscl Nonbiol Bypass Of The Extrm W Gangrene, Lef
I70663	Athscl Nonbiol Bypass Of The Extrm W Gangrene, Bi
I70668	Athscl Nonbiol Bypass Of The Extrm W Gangrene, Oth
I70669	Athscl Nonbiol Bypass Of The Extrm W Gangrene, Uns
I70691	Oth Athscl Nonbiol Bypass Of The Extremities, Righ
I70692	Oth Athscl Nonbiological Bypass Of The Extremities
I70693	Oth Athscl Nonbiol Bypass Of The Extremities, Bila
I70698	Oth Athscl Nonbiol Bypass Of The Extremities, Oth
I70699	Oth Athscl Nonbiol Bypass Of The Extremities, Unsp
I70701	Unsp Athscl Type Of Bypass Of The Extremities, Rig
I70702	Unsp Athscl Type Of Bypass Of The Extremities, Lef
I70703	Unsp Athscl Type Of Bypass Of The Extrm, Bilateral
I70708	Unsp Athscl Type Of Bypass Of The Extremities, Oth
I70709	Unsp Athscl Type Of Bypass Of The Extrm, Unsp Extr
I70711	Athscl Type Of Bypass Of The Extrm W Intrmt Claud,
I70712	Athscl Type Of Bypass Of The Extrm W Intrmt Claud,
I70713	Athscl Type Of Bypass Of The Extrm W Intrmt Claud,
I70718	Athscl Type Of Bypass Of The Extrm W Intrmt Claud,
I70719	Athscl Type Of Bypass Of Extrm W Intrmt Claud, Uns
I70721	Athscl Type Of Bypass Of The Extrm W Rest Pain, Ri
I70722	Athscl Type Of Bypass Of The Extrm W Rest Pain, Le
I70723	Athscl Type Of Bypass Of The Extrm W Rest Pain, Bi
I70728	Athscl Type Of Bypass Of The Extrm W Rest Pain, Ot
I70729	Athscl Type Of Bypass Of The Extrm W Rest Pain, Un
I70731	Athscl Type Of Bypass Of The Right Leg W Ulceratio
I70732	Athscl Type Of Bypass Of The Right Leg W Ulceratio
I70733	Athscl Type Of Bypass Of The Right Leg W Ulceratio
I70734	Athscl Type Of Bypass Of Right Leg W Ulcer Of Heel
I70735	Athscl Type Of Bypass Of The Right Leg W Ulcer Oth
I70738	Athscl Type Of Bypass Of Right Leg W Ulcer Oth Prt
I70739	Athscl Type Of Bypass Of The Right Leg W Ulcer Of
I70741	Athscl Type Of Bypass Of The Left Leg W Ulceration
I70742	Athscl Type Of Bypass Of The Left Leg W Ulceration
I70743	Athscl Type Of Bypass Of The Left Leg W Ulceration
I70744	Athscl Type Of Bypass Of Left Leg W Ulcer Of Heel
I70745	Athscl Type Of Bypass Of The Left Leg W Ulcer Oth
I70748	Athscl Type Of Bypass Of Left Leg W Ulcer Oth Prt
I70749	Athscl Type Of Bypass Of The Left Leg W Ulcer Of U
I7075	Athscl Type Of Bypass Graft(S) Of Extremity W Ulce
I70761	Athscl Type Of Bypass Of The Extrm W Gangrene, Rig

I70762	Athscl Type Of Bypass Of The Extrm W Gangrene, Lef	
I70763	Athscl Type Of Bypass Of The Extrm W Gangrene, Bi	
I70768	Athscl Type Of Bypass Of The Extrm W Gangrene, Oth	
I70769	Athscl Type Of Bypass Of The Extrm W Gangrene, Uns	
I70791	Oth Athscl Type Of Bypass Of The Extremities, Righ	
I70792	Oth Athscl Type Of Bypass Of The Extremities, Left	
I70793	Oth Athscl Type Of Bypass Of The Extremities, Bila	
I70798	Oth Athscl Type Of Bypass Of The Extremities, Oth	
I70799	Oth Athscl Type Of Bypass Of The Extremities, Unsp	
I708	Atherosclerosis Of Other Arteries	
I7090	Unspecified Atherosclerosis	
I7091	Generalized Atherosclerosis	
I731	Thromboangiitis Obliterans [Buerger'S Disease]	
I82501	Chronic Embolism And Thombos Unsp Deep Veins Of R	
I82502	Chronic Embolism And Thombos Unsp Deep Veins Of L	
I82503	Chronic Emblsm And Thombos Unsp Deep Veins Of Low	
I82509	Chronic Embolism And Thombos Unsp Deep Vn Unsp Low	
I80241	Phlebitis And Thrombophlebitis Of Right Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I80242	Phlebitis And Thrombophlebitis Of Left Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I80243	Phlebitis And Thrombophlebitis Of Peroneal Vein, Bilateral	12.20.19 AF- Added per Q4 code updates
I80249	Phlebitis And Thrombophlebitis Of Unspecified Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I80251	Phlebitis And Thrombophlebitis Of Right Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates
I80252	Phlebitis And Thrombophlebitis Of Left Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates
I80253	Phlebitis And Thrombophlebitis Of Calf Muscular Vein, Bilateral	12.20.19 AF- Added per Q4 code updates
I80259	Phlebitis And Thrombophlebitis Of Unspecified Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates
I82451	Acute Embolism And Thrombosis Of Right Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I82452	Acute Embolism And Thrombosis Of Left Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I82551	Chronic Embolism And Thrombosis Of Right Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I82552	Chronic Embolism And Thrombosis Of Left Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I82553	Chronic Embolism And Thrombosis Of Peroneal Vein, Bilateral	12.20.19 AF- Added per Q4 code updates
I82559	Chronic Embolism And Thrombosis Of Unspecified Peroneal Vein	12.20.19 AF- Added per Q4 code updates
I82561	Chronic Embolism And Thrombosis Of Right Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates
I82562	Chronic Embolism And Thrombosis Of Left Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates
I82563	Chronic Embolism And Thrombosis Of Calf Muscular Vein, Bilateral	12.20.19 AF- Added per Q4 code updates
I82569	Chronic Embolism And Thrombosis Of Unspecified Calf Muscular Vein	12.20.19 AF- Added per Q4 code updates

Implantable Lenses									
CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):									
Please note, when searching for a diagnosis code, do not include any dots or periods									
Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST							
H18601	Keratoconus, unspecified, right eye								
H18602	Keratoconus, unspecified, left eye								
H18603	Keratoconus, unspecified, bilateral								
H18609	Keratoconus, unspecified, unspecified eye								
H18611	Keratoconus, stable, right eye								
H18612	Keratoconus, stable, left eye								
H18613	Keratoconus, stable, bilateral								
H18619	Keratoconus, stable, unspecified eye								
H18621	Keratoconus, unstable, right eye								
H18622	Keratoconus, unstable, left eye								
H18623	Keratoconus, unstable, bilateral								
H18629	Keratoconus, unstable, unspecified eye								

Growth Hormone Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
C710	Malignant neoplasm of cerebrum, except lobes and v
C751	Malignant neoplasm of pituitary gland
D330	Benign neoplasm of brain, supratentorial
D352	Benign neoplasm of pituitary gland
D430	Neoplasm of uncertain behavior of brain, supratent
D443	Neoplasm of uncertain behavior of pituitary gland
E230	Hypopituitarism
E231	Drug-induced hypopituitarism
E232	Diabetes insipidus
E233	Hypothalamic dysfunction, not elsewhere classified
E236	Other disorders of pituitary gland
E237	Disorder of pituitary gland, unspecified
I6000	Ntrm subarach hemorrhage from unsp carotid siphon
I6001	Ntrm subarach hemor from right carotid siphon and
I6002	Ntrm subarach hemorrhage from left carotid siphon
I606	Nontraumatic subarachnoid hemorrhage from oth intr
I607	Nontraumatic subarachnoid hemorrhage from unsp int
I608	Other nontraumatic subarachnoid hemorrhage
I609	Nontraumatic subarachnoid hemorrhage, unspecified
K912	Postsurgical malabsorption, not elsewhere classifi
N250	Renal osteodystrophy
Q871	Congenital malform syndromes predom assoc w short
R64	Cachexia
S066X0S	Traum subrac hem w/o loss of consciousness, sequel
S066X1S	Traum subrac hem w LOC of 30 minutes or less, sequ
S066X2S	Traum subrac hem w LOC of 31-59 min, sequela
S066X3S	Traum subrac hem w LOC of 1-5 hrs 59 min, sequela
S066X4S	Traum subrac hem w LOC of 6 hours to 24 hours, seq
S066X5S	Traum subrac hem w LOC >24 hr w ret consc lev, seq
S066X9S	Traum subrac hem w LOC of unsp duration, sequela
S06890S	Oth intracranial injury w/o loss of consciousness,
S06891S	Intcran inj w LOC of 30 minutes or less, sequela
S06892S	Intcran inj w loss of consciousness of 31-59 min,
S06893S	Intcran inj w LOC of 1-5 hrs 59 min, sequela
S06894S	Intcran inj w LOC of 6 hours to 24 hours, sequela
S06895S	Intcran inj w LOC >24 hr w ret consc lev, sequela
S06899S	Intcran inj w LOC of unsp duration, sequela
T66XXS	Radiation sickness, unspecified, sequela
Z85841	Personal history of malignant neoplasm of brain
P0500	Newborn light for gestational age, unspecified wei
P0501	Newborn light for gestational age, less than 500 g
P0502	Newborn light for gestational age, 500-749 grams
P0503	Newborn light for gestational age, 750-999 grams
P0504	Newborn light for gestational age, 1000-1249 grams
P0505	Newborn light for gestational age, 1250-1499 grams
P0506	Newborn light for gestational age, 1500-1749 grams
P0507	Newborn light for gestational age, 1750-1999 grams
P0508	Newborn light for gestational age, 2000-2499 grams
P0509	Newborn Light For Gestational Age 2500 Grms &Ovr
P0510	Newborn small for gestational age, unspecified wei
P0511	Newborn small for gestational age, less than 500 g
P0512	Newborn small for gestational age, 500-749 grams
P0513	Newborn small for gestational age, 750-999 grams
P0514	Newborn small for gestational age, 1000-1249 grams
P0515	Newborn small for gestational age, 1250-1499 grams
P0516	Newborn small for gestational age, 1500-1749 grams
P0517	Newborn small for gestational age, 1750-1999 grams
P0518	Newborn small for gestational age, 2000-2499 grams
P0519	Newborn Small For Gestational Age Other
P059	Newborn affected by slow intrauterine growth, unsp
Q778	Oth osteochndrdys w defct of growth of tublr bones
Q960	Karyotype 45, X
Q961	Karyotype 46, X iso (Xq)
Q962	Karyotype 46, X w abnormal sex chromosome, except
Q963	Mosaicism, 45, X/46, XX or XY
Q964	Mosaic, 45, X/other cell line(s) w abnormal sex ch
Q968	Other variants of Turner's syndrome
Q969	Turner's syndrome, unspecified
R620	Delayed milestone in childhood
R6252	Short stature (child)

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

Methadone Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
F1110	Opioid abuse, uncomplicated
F1111	Opioid abuse, in remission
F11120	Opioid abuse with intoxication, uncomplicated
F11121	Opioid abuse with intoxication delirium
F11129	Opioid abuse with intoxication, unspecified
F1114	Opioid abuse with opioid-induced mood disorder
F11150	Opioid abuse w opioid-induced psychotic disorder w
F11151	Opioid abuse w opioid-induced psychotic disorder w
F11159	Opioid abuse with opioid-induced psychotic disorde
F11181	Opioid abuse with opioid-induced sexual dysfunctio
F11182	Opioid abuse with opioid-induced sleep disorder
F11188	Opioid abuse with other opioid-induced disorder
F1119	Opioid abuse with unspecified opioid-induced disor
F1120	Opioid dependence, uncomplicated
F1121	Opioid dependence, in remission
F11220	Opioid dependence with intoxication, uncomplicated
F11221	Opioid dependence with intoxication delirium
F11222	Opioid dependence w intoxication with perceptual d
F11229	Opioid dependence with intoxication, unspecified
F1123	Opioid dependence with withdrawal
F1124	Opioid dependence with opioid-induced mood disorde
F11250	Opioid depend w opioid-induc psychotic disorder w
F11251	Opioid depend w opioid-induc psychotic disorder w
F11259	Opioid dependence w opioid-induced psychotic disor
F1129	Opioid dependence with unspecified opioid-induced
F11281	Opioid dependence with opioid-induced sexual dysfunction
F11282	Opioid dependence with opioid-induced sleep disorder
F11288	Opioid dependence with other opioid-induced disorder
F1190	Opioid use, unspecified, uncomplicated
F11920	Opioid use, unspecified with intoxication, uncompl
F11921	Opioid use, unspecified with intoxication delirium
F11922	Opioid use, unsp w intoxication with perceptual di
F11929	Opioid use, unspecified with intoxication, unspeci
F1193	Opioid use, unspecified with withdrawal
F1194	Opioid use, unspecified with opioid-induced mood d
F11950	Opioid use, unsp w opioid-induc psych disorder w d
F11951	Opioid use, unsp w opioid-induc psych disorder w h
F11959	Opioid use, unsp w opioid-induced psychotic disord
F11981	Opioid use, unsp with opioid-induced sexual dysfun
F11982	Opioid use, unspecified with opioid-induced sleep
F11988	Opioid use, unspecified with other opioid-induced
F1199	Opioid use, unsp with unspecified opioid-induced d

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

ORAL SURGERY LIMITATION

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
D48.110	Desmoid tumor of head and neck
H95.31	Accidental puncture and laceration of the ear and mastoid process during a procedure on the ear and mastoid process
H95.32	Accidental puncture and laceration of the ear and mastoid process during other procedure
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
K09.8	Other cysts of oral region, not elsewhere classified
K09.9	Cyst of oral region, unspecified
M27.0	Developmental disorders of jaws
M27.1	Giant cell granuloma, central
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
M27.40	Unspecified cyst of jaw
M27.49	Other cysts of jaw
V00.118A	Other in-line roller-skate accident, initial encounter
V00.118D	Other in-line roller-skate accident, subsequent encounter
V00.118S	Other in-line roller-skate accident, sequela
V00.128A	Other non-in-line roller-skating accident, initial encounter
V00.128D	Other non-in-line roller-skating accident, subsequent encounter
V00.128S	Other non-in-line roller-skating accident, sequela
V00.138A	Other skateboard accident, initial encounter
V00.138D	Other skateboard accident, subsequent encounter
V00.138S	Other skateboard accident, sequela
V00.148A	Other scooter (nonmotorized) accident, initial encounter
V00.148D	Other scooter (nonmotorized) accident, subsequent encounter
V00.148S	Other scooter (nonmotorized) accident, sequela
V00.158A	Other heellies accident, initial encounter
V00.158D	Other heellies accident, subsequent encounter
V00.158S	Other heellies accident, sequela
V00.188A	Other accident on other rolling-type pedestrian conveyance, initial encounter
V00.188D	Other accident on other rolling-type pedestrian conveyance, subsequent encounter
V00.188S	Other accident on other rolling-type pedestrian conveyance, sequela
V00.218A	Other ice-skates accident, initial encounter
V00.218D	Other ice-skates accident, subsequent encounter
V00.218S	Other ice-skates accident, sequela
V00.228A	Other sled accident, initial encounter
V00.228D	Other sled accident, subsequent encounter
V00.228S	Other sled accident, sequela
V00.288A	Other accident on other gliding-type pedestrian conveyance, initial encounter
V00.288D	Other accident on other gliding-type pedestrian conveyance, subsequent encounter
V00.288S	Other accident on other gliding-type pedestrian conveyance, sequela
V00.318A	Other snowboard accident, initial encounter
V00.318D	Other snowboard accident, subsequent encounter
V00.318S	Other snowboard accident, sequela
V00.328A	Other snow-ski accident, initial encounter
V00.328D	Other snow-ski accident, subsequent encounter
V00.328S	Other snow-ski accident, sequela
V00.388A	Other accident on other flat-bottomed pedestrian conveyance, initial encounter
V00.388D	Other accident on other flat-bottomed pedestrian conveyance, subsequent encounter
V00.388S	Other accident on other flat-bottomed pedestrian conveyance, sequela
V00.818A	Other accident with wheelchair (powered), initial encounter
V00.818D	Other accident with wheelchair (powered), subsequent encounter
V00.818S	Other accident with wheelchair (powered), sequela
V00.828A	Other accident with baby stroller, initial encounter
V00.828D	Other accident with baby stroller, subsequent encounter
V00.828S	Other accident with baby stroller, sequela
V00.838A	Other accident with motorized mobility scooter, initial encounter
V00.838D	Other accident with motorized mobility scooter, subsequent encounter
V00.838S	Other accident with motorized mobility scooter, sequela
V00.898A	Other accident on other pedestrian conveyance, initial encounter
V00.898D	Other accident on other pedestrian conveyance, subsequent encounter
V00.898S	Other accident on other pedestrian conveyance, sequela
V01.00XA	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.00XD	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.00XS	Pedestrian on foot injured in collision with pedal cycle in nontraffic accident, sequela
V01.01XA	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.01XD	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.01XS	Pedestrian on roller-skates injured in collision with pedal cycle in nontraffic accident, sequela
V01.02XA	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.02XD	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.02XS	Pedestrian on skateboard injured in collision with pedal cycle in nontraffic accident, sequela
V01.09XA	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, initial encounter
V01.09XD	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, subsequent encounter
V01.09XS	Pedestrian with other conveyance injured in collision with pedal cycle in nontraffic accident, sequela
V01.10XA	Pedestrian on foot injured in collision with pedal cycle in traffic accident, initial encounter
V01.10XD	Pedestrian on foot injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.10XS	Pedestrian on foot injured in collision with pedal cycle in traffic accident, sequela
V01.11XA	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, initial encounter
V01.11XD	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.11XS	Pedestrian on roller-skates injured in collision with pedal cycle in traffic accident, sequela
V01.12XA	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, initial encounter
V01.12XD	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.12XS	Pedestrian on skateboard injured in collision with pedal cycle in traffic accident, sequela
V01.19XA	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, initial encounter
V01.19XD	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, subsequent encounter
V01.19XS	Pedestrian with other conveyance injured in collision with pedal cycle in traffic accident, sequela
V01.90XA	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.90XD	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.90XS	Pedestrian on foot injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.91XA	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.91XD	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.91XS	Pedestrian on roller-skates injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.92XA	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.92XD	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.92XS	Pedestrian on skateboard injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V01.99XA	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, initial encounter
V01.99XD	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, subsequent encounter
V01.99XS	Pedestrian with other conveyance injured in collision with pedal cycle, unspecified whether traffic or nontraffic accident, sequela
V02.00XA	Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V02.00XD	Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V02.00XS	Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V02.01XA	Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V02.01XD	Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V02.01XS	Pedestrian on roller-skates injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V02.02XA	Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V02.02XD	Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V02.02XS	Pedestrian on skateboard injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V02.09XA	Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, initial encounter
V02.09XD	Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, subsequent encounter
V02.09XS	Pedestrian with other conveyance injured in collision with two- or three-wheeled motor vehicle in nontraffic accident, sequela
V02.10XA	Pedestrian on foot injured in collision with two- or three-wheeled motor vehicle in traffic accident, initial encounter

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

V91.88XA	Other injury due to other accident to other unpowered watercraft, initial encounter
V91.88XD	Other injury due to other accident to other unpowered watercraft, subsequent encounter
V91.88XS	Other injury due to other accident to other unpowered watercraft, sequela
V91.89XA	Other injury due to other accident to unspecified watercraft, initial encounter
V91.89XD	Other injury due to other accident to unspecified watercraft, subsequent encounter
V91.89XS	Other injury due to other accident to unspecified watercraft, sequela
V93.60XA	Machinery accident on board merchant ship, initial encounter
V93.60XD	Machinery accident on board merchant ship, subsequent encounter
V93.60XS	Machinery accident on board merchant ship, sequela
V93.61XA	Machinery accident on board passenger ship, initial encounter
V93.61XD	Machinery accident on board passenger ship, subsequent encounter
V93.61XS	Machinery accident on board passenger ship, sequela
V93.62XA	Machinery accident on board fishing boat, initial encounter
V93.62XD	Machinery accident on board fishing boat, subsequent encounter
V93.62XS	Machinery accident on board fishing boat, sequela
V93.63XA	Machinery accident on board other powered watercraft, initial encounter
V93.63XD	Machinery accident on board other powered watercraft, subsequent encounter
V93.63XS	Machinery accident on board other powered watercraft, sequela
V93.64XA	Machinery accident on board sailboat, initial encounter
V93.64XD	Machinery accident on board sailboat, subsequent encounter
V93.64XS	Machinery accident on board sailboat, sequela
V93.69XA	Machinery accident on board unspecified watercraft, initial encounter
V93.69XD	Machinery accident on board unspecified watercraft, subsequent encounter
V93.69XS	Machinery accident on board unspecified watercraft, sequela
V93.80XA	Other injury due to other accident on board merchant ship, initial encounter
V93.80XD	Other injury due to other accident on board merchant ship, subsequent encounter
V93.80XS	Other injury due to other accident on board merchant ship, sequela
V93.81XA	Other injury due to other accident on board passenger ship, initial encounter
V93.81XD	Other injury due to other accident on board passenger ship, subsequent encounter
V93.81XS	Other injury due to other accident on board passenger ship, sequela
V93.82XA	Other injury due to other accident on board fishing boat, initial encounter
V93.82XD	Other injury due to other accident on board fishing boat, subsequent encounter
V93.82XS	Other injury due to other accident on board fishing boat, sequela
V93.83XA	Other injury due to other accident on board other powered watercraft, initial encounter
V93.83XD	Other injury due to other accident on board other powered watercraft, subsequent encounter
V93.83XS	Other injury due to other accident on board other powered watercraft, sequela
V93.84XA	Other injury due to other accident on board sailboat, initial encounter
V93.84XD	Other injury due to other accident on board sailboat, subsequent encounter
V93.84XS	Other injury due to other accident on board sailboat, sequela
V93.85XA	Other injury due to other accident on board canoe or kayak, initial encounter
V93.85XD	Other injury due to other accident on board canoe or kayak, subsequent encounter
V93.85XS	Other injury due to other accident on board canoe or kayak, sequela
V93.86XA	Other injury due to other accident on board (nonpowered) inflatable craft, initial encounter
V93.86XD	Other injury due to other accident on board (nonpowered) inflatable craft, subsequent encounter
V93.86XS	Other injury due to other accident on board (nonpowered) inflatable craft, sequela
V93.87XA	Other injury due to other accident on board water-skis, initial encounter
V93.87XD	Other injury due to other accident on board water-skis, subsequent encounter
V93.87XS	Other injury due to other accident on board water-skis, sequela
V93.88XA	Other injury due to other accident on board other unpowered watercraft, initial encounter
V93.88XD	Other injury due to other accident on board other unpowered watercraft, subsequent encounter
V93.88XS	Other injury due to other accident on board other unpowered watercraft, sequela
V93.89XA	Other injury due to other accident on board unspecified watercraft, initial encounter
V93.89XD	Other injury due to other accident on board unspecified watercraft, subsequent encounter
V93.89XS	Other injury due to other accident on board unspecified watercraft, sequela
V94.810A	Civilian watercraft involved in water transport accident with military watercraft, initial encounter
V94.810D	Civilian watercraft involved in water transport accident with military watercraft, subsequent encounter
V94.810S	Civilian watercraft involved in water transport accident with military watercraft, sequela
V94.818A	Other water transport accident involving military watercraft, initial encounter
V94.818D	Other water transport accident involving military watercraft, subsequent encounter
V94.818S	Other water transport accident involving military watercraft, sequela
V94.89XA	Other water transport accident, initial encounter
V94.89XD	Other water transport accident, subsequent encounter
V94.89XS	Other water transport accident, sequela
V94.9XXA	Unspecified water transport accident, initial encounter
V94.9XXD	Unspecified water transport accident, subsequent encounter
V94.9XXS	Unspecified water transport accident, sequela
V95.00XA	Unspecified helicopter accident injuring occupant, initial encounter
V95.00XD	Unspecified helicopter accident injuring occupant, subsequent encounter
V95.00XS	Unspecified helicopter accident injuring occupant, sequela
V95.09XA	Other helicopter accident injuring occupant, initial encounter
V95.09XD	Other helicopter accident injuring occupant, subsequent encounter
V95.09XS	Other helicopter accident injuring occupant, sequela
V95.10XA	Unspecified ultralight, microlight or powered-glider accident injuring occupant, initial encounter
V95.10XD	Unspecified ultralight, microlight or powered-glider accident injuring occupant, subsequent encounter
V95.10XS	Unspecified ultralight, microlight or powered-glider accident injuring occupant, sequela
V95.19XA	Other ultralight, microlight or powered-glider accident injuring occupant, initial encounter
V95.19XD	Other ultralight, microlight or powered-glider accident injuring occupant, subsequent encounter
V95.19XS	Other ultralight, microlight or powered-glider accident injuring occupant, sequela
V95.20XA	Unspecified accident to other private fixed-wing aircraft, injuring occupant, initial encounter
V95.20XD	Unspecified accident to other private fixed-wing aircraft, injuring occupant, subsequent encounter
V95.20XS	Unspecified accident to other private fixed-wing aircraft, injuring occupant, sequela
V95.29XA	Other accident to other private fixed-wing aircraft injuring occupant, initial encounter
V95.29XD	Other accident to other private fixed-wing aircraft injuring occupant, subsequent encounter
V95.29XS	Other accident to other private fixed-wing aircraft injuring occupant, sequela
V95.30XA	Unspecified accident to commercial fixed-wing aircraft injuring occupant, initial encounter
V95.30XD	Unspecified accident to commercial fixed-wing aircraft injuring occupant, subsequent encounter
V95.30XS	Unspecified accident to commercial fixed-wing aircraft injuring occupant, sequela
V95.39XA	Other accident to commercial fixed-wing aircraft injuring occupant, initial encounter
V95.39XD	Other accident to commercial fixed-wing aircraft injuring occupant, subsequent encounter
V95.39XS	Other accident to commercial fixed-wing aircraft injuring occupant, sequela
V95.40XA	Unspecified spacecraft accident injuring occupant, initial encounter
V95.40XD	Unspecified spacecraft accident injuring occupant, subsequent encounter
V95.40XS	Unspecified spacecraft accident injuring occupant, sequela
V95.49XA	Other spacecraft accident injuring occupant, initial encounter
V95.49XD	Other spacecraft accident injuring occupant, subsequent encounter
V95.49XS	Other spacecraft accident injuring occupant, sequela
V95.8XXA	Other powered aircraft accidents injuring occupant, initial encounter
V95.8XXD	Other powered aircraft accidents injuring occupant, subsequent encounter
V95.8XXS	Other powered aircraft accidents injuring occupant, sequela
V95.9XXA	Unspecified aircraft accident injuring occupant, initial encounter
V95.9XXD	Unspecified aircraft accident injuring occupant, subsequent encounter
V95.9XXS	Unspecified aircraft accident injuring occupant, sequela
V96.00XA	Unspecified balloon accident injuring occupant, initial encounter
V96.00XD	Unspecified balloon accident injuring occupant, subsequent encounter
V96.00XS	Unspecified balloon accident injuring occupant, sequela
V96.09XA	Other balloon accident injuring occupant, initial encounter
V96.09XD	Other balloon accident injuring occupant, subsequent encounter
V96.09XS	Other balloon accident injuring occupant, sequela
V96.10XA	Unspecified hang-glider accident injuring occupant, initial encounter
V96.10XD	Unspecified hang-glider accident injuring occupant, subsequent encounter
V96.10XS	Unspecified hang-glider accident injuring occupant, sequela
V96.19XA	Other hang-glider accident injuring occupant, initial encounter
V96.19XD	Other hang-glider accident injuring occupant, subsequent encounter
V96.19XS	Other hang-glider accident injuring occupant, sequela
V96.20XA	Unspecified glider (nonpowered) accident injuring occupant, initial encounter
V96.20XD	Unspecified glider (nonpowered) accident injuring occupant, subsequent encounter
V96.20XS	Unspecified glider (nonpowered) accident injuring occupant, sequela
V96.29XA	Other glider (nonpowered) accident injuring occupant, initial encounter
V96.29XD	Other glider (nonpowered) accident injuring occupant, subsequent encounter
V96.29XS	Other glider (nonpowered) accident injuring occupant, sequela
V96.8XXA	Other nonpowered-aircraft accidents injuring occupant, initial encounter
V96.8XXD	Other nonpowered-aircraft accidents injuring occupant, subsequent encounter
V96.8XXS	Other nonpowered-aircraft accidents injuring occupant, sequela
V96.9XXA	Unspecified nonpowered-aircraft accident injuring occupant, initial encounter
V96.9XXD	Unspecified nonpowered-aircraft accident injuring occupant, subsequent encounter
V96.9XXS	Unspecified nonpowered-aircraft accident injuring occupant, sequela
V97.0XXA	Occupant of aircraft injured in other specified air transport accidents, initial encounter
V97.0XXD	Occupant of aircraft injured in other specified air transport accidents, subsequent encounter

V97.0XXS	Occupant of aircraft injured in other specified air transport accidents, sequela
V97.29XA	Other parachutist accident, initial encounter
V97.29XD	Other parachutist accident, subsequent encounter
V97.29XS	Other parachutist accident, sequela
V97.39XA	Other injury to person on ground due to air transport accident, initial encounter
V97.39XD	Other injury to person on ground due to air transport accident, subsequent encounter
V97.39XS	Other injury to person on ground due to air transport accident, sequela
V97.810A	Civilian aircraft involved in air transport accident with military aircraft, initial encounter
V97.810D	Civilian aircraft involved in air transport accident with military aircraft, subsequent encounter
V97.810S	Civilian aircraft involved in air transport accident with military aircraft, sequela
V97.818A	Other air transport accident involving military aircraft, initial encounter
V97.818D	Other air transport accident involving military aircraft, subsequent encounter
V97.818S	Other air transport accident involving military aircraft, sequela
V97.89XA	Other air transport accidents, not elsewhere classified, initial encounter
V97.89XD	Other air transport accidents, not elsewhere classified, subsequent encounter
V97.89XS	Other air transport accidents, not elsewhere classified, sequela
V98.0XXA	Accident to, on or involving cable-car, not on rails, initial encounter
V98.0XXD	Accident to, on or involving cable-car, not on rails, subsequent encounter
V98.0XXS	Accident to, on or involving cable-car, not on rails, sequela
V98.1XXA	Accident to, on or involving land-yacht, initial encounter
V98.1XXD	Accident to, on or involving land-yacht, subsequent encounter
V98.1XXS	Accident to, on or involving land-yacht, sequela
V98.2XXA	Accident to, on or involving ice yacht, initial encounter
V98.2XXD	Accident to, on or involving ice yacht, subsequent encounter
V98.2XXS	Accident to, on or involving ice yacht, sequela
V98.3XXA	Accident to, on or involving ski lift, initial encounter
V98.3XXD	Accident to, on or involving ski lift, subsequent encounter
V98.3XXS	Accident to, on or involving ski lift, sequela
V98.8XXA	Other specified transport accidents, initial encounter
V98.8XXD	Other specified transport accidents, subsequent encounter
V98.8XXS	Other specified transport accidents, sequela
V99.XXXA	Unspecified transport accident, initial encounter
V99.XXXD	Unspecified transport accident, subsequent encounter
V99.XXXS	Unspecified transport accident, sequela
W32.0XXA	Accidental handgun discharge, initial encounter
W32.0XXD	Accidental handgun discharge, subsequent encounter
W32.0XXS	Accidental handgun discharge, sequela
W32.1XXA	Accidental handgun malfunction, initial encounter
W32.1XXD	Accidental handgun malfunction, subsequent encounter
W32.1XXS	Accidental handgun malfunction, sequela
W33.00XA	Accidental discharge of unspecified larger firearm, initial encounter
W33.00XD	Accidental discharge of unspecified larger firearm, subsequent encounter
W33.00XS	Accidental discharge of unspecified larger firearm, sequela
W33.01XA	Accidental discharge of shotgun, initial encounter
W33.01XD	Accidental discharge of shotgun, subsequent encounter
W33.01XS	Accidental discharge of shotgun, sequela
W33.02XA	Accidental discharge of hunting rifle, initial encounter
W33.02XD	Accidental discharge of hunting rifle, subsequent encounter
W33.02XS	Accidental discharge of hunting rifle, sequela
W33.03XA	Accidental discharge of machine gun, initial encounter
W33.03XD	Accidental discharge of machine gun, subsequent encounter
W33.03XS	Accidental discharge of machine gun, sequela
W33.09XA	Accidental discharge of other larger firearm, initial encounter
W33.09XD	Accidental discharge of other larger firearm, subsequent encounter
W33.09XS	Accidental discharge of other larger firearm, sequela
W33.10XA	Accidental malfunction of unspecified larger firearm, initial encounter
W33.10XD	Accidental malfunction of unspecified larger firearm, subsequent encounter
W33.10XS	Accidental malfunction of unspecified larger firearm, sequela
W33.11XA	Accidental malfunction of shotgun, initial encounter
W33.11XD	Accidental malfunction of shotgun, subsequent encounter
W33.11XS	Accidental malfunction of shotgun, sequela
W33.12XA	Accidental malfunction of hunting rifle, initial encounter
W33.12XD	Accidental malfunction of hunting rifle, subsequent encounter
W33.12XS	Accidental malfunction of hunting rifle, sequela
W33.13XA	Accidental malfunction of machine gun, initial encounter
W33.13XD	Accidental malfunction of machine gun, subsequent encounter
W33.13XS	Accidental malfunction of machine gun, sequela
W33.19XA	Accidental malfunction of other larger firearm, initial encounter
W33.19XD	Accidental malfunction of other larger firearm, subsequent encounter
W33.19XS	Accidental malfunction of other larger firearm, sequela
W34.00XA	Accidental discharge from unspecified firearms or gun, initial encounter
W34.00XD	Accidental discharge from unspecified firearms or gun, subsequent encounter
W34.00XS	Accidental discharge from unspecified firearms or gun, sequela
W34.010A	Accidental discharge of airgun, initial encounter
W34.010D	Accidental discharge of airgun, subsequent encounter
W34.010S	Accidental discharge of airgun, sequela
W34.011A	Accidental discharge of paintball gun, initial encounter
W34.011D	Accidental discharge of paintball gun, subsequent encounter
W34.011S	Accidental discharge of paintball gun, sequela
W34.018A	Accidental discharge of other gas, air or spring-operated gun, initial encounter
W34.018D	Accidental discharge of other gas, air or spring-operated gun, subsequent encounter
W34.018S	Accidental discharge of other gas, air or spring-operated gun, sequela
W34.09XA	Accidental discharge from other specified firearms, initial encounter
W34.09XD	Accidental discharge from other specified firearms, subsequent encounter
W34.09XS	Accidental discharge from other specified firearms, sequela
W34.10XA	Accidental malfunction from unspecified firearms or gun, initial encounter
W34.10XD	Accidental malfunction from unspecified firearms or gun, subsequent encounter
W34.10XS	Accidental malfunction from unspecified firearms or gun, sequela
W34.110A	Accidental malfunction of airgun, initial encounter
W34.110D	Accidental malfunction of airgun, subsequent encounter
W34.110S	Accidental malfunction of airgun, sequela
W34.111A	Accidental malfunction of paintball gun, initial encounter
W34.111D	Accidental malfunction of paintball gun, subsequent encounter
W34.111S	Accidental malfunction of paintball gun, sequela
W34.118A	Accidental malfunction of other gas, air or spring-operated gun, initial encounter
W34.118D	Accidental malfunction of other gas, air or spring-operated gun, subsequent encounter
W34.118S	Accidental malfunction of other gas, air or spring-operated gun, sequela
W34.19XA	Accidental malfunction from other specified firearms, initial encounter
W34.19XD	Accidental malfunction from other specified firearms, subsequent encounter
W34.19XS	Accidental malfunction from other specified firearms, sequela
W50.0XXA	Accidental hit or strike by another person, initial encounter
W50.0XXD	Accidental hit or strike by another person, subsequent encounter
W50.0XXS	Accidental hit or strike by another person, sequela
W50.1XXA	Accidental kick by another person, initial encounter
W50.1XXD	Accidental kick by another person, subsequent encounter
W50.1XXS	Accidental kick by another person, sequela
W50.2XXA	Accidental twist by another person, initial encounter
W50.2XXD	Accidental twist by another person, subsequent encounter
W50.2XXS	Accidental twist by another person, sequela
W50.3XXA	Accidental bite by another person, initial encounter
W50.3XXD	Accidental bite by another person, subsequent encounter
W50.3XXS	Accidental bite by another person, sequela
W50.4XXA	Accidental scratch by another person, initial encounter
W50.4XXD	Accidental scratch by another person, subsequent encounter
W50.4XXS	Accidental scratch by another person, sequela
W51.XXXA	Accidental striking against or bumped into by another person, initial encounter
W51.XXXD	Accidental striking against or bumped into by another person, subsequent encounter
W51.XXXS	Accidental striking against or bumped into by another person, sequela
W65.XXXA	Accidental drowning and submersion while in bath-tub, initial encounter
W65.XXXD	Accidental drowning and submersion while in bath-tub, subsequent encounter
W65.XXXS	Accidental drowning and submersion while in bath-tub, sequela
W67.XXXA	Accidental drowning and submersion while in swimming-pool, initial encounter
W67.XXXD	Accidental drowning and submersion while in swimming-pool, subsequent encounter
W67.XXXS	Accidental drowning and submersion while in swimming-pool, sequela
W69.XXXA	Accidental drowning and submersion while in natural water, initial encounter
W69.XXXD	Accidental drowning and submersion while in natural water, subsequent encounter
W69.XXXS	Accidental drowning and submersion while in natural water, sequela
W73.XXXA	Other specified cause of accidental non-transport drowning and submersion, initial encounter

W73.XXXD	Other specified cause of accidental non-transport drowning and submersion, subsequent encounter
W73.XXXS	Other specified cause of accidental non-transport drowning and submersion, sequela
W74.XXXA	Unspecified cause of accidental drowning and submersion, initial encounter
W74.XXXD	Unspecified cause of accidental drowning and submersion, subsequent encounter
W74.XXXS	Unspecified cause of accidental drowning and submersion, sequela
Y36.050A	War operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y36.050D	War operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y36.050S	War operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y36.051A	War operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y36.051D	War operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y36.051S	War operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y36.140A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y36.140D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y36.140S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y36.141A	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y36.141D	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y36.141S	War operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y36.240A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y36.240D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y36.240S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y36.241A	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y36.241D	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y36.241S	War operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Y37.050A	Military operations involving accidental detonation of onboard marine weapons, military personnel, initial encounter
Y37.050D	Military operations involving accidental detonation of onboard marine weapons, military personnel, subsequent encounter
Y37.050S	Military operations involving accidental detonation of onboard marine weapons, military personnel, sequela
Y37.051A	Military operations involving accidental detonation of onboard marine weapons, civilian, initial encounter
Y37.051D	Military operations involving accidental detonation of onboard marine weapons, civilian, subsequent encounter
Y37.051S	Military operations involving accidental detonation of onboard marine weapons, civilian, sequela
Y37.140A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, initial encounter
Y37.140D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, subsequent encounter
Y37.140S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, military personnel, sequela
Y37.141A	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, initial encounter
Y37.141D	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, subsequent encounter
Y37.141S	Military operations involving destruction of aircraft due to accidental detonation of onboard munitions and explosives, civilian, sequela
Y37.240A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, initial encounter
Y37.240D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, subsequent encounter
Y37.240S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, military personnel, sequela
Y37.241A	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, initial encounter
Y37.241D	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, subsequent encounter
Y37.241S	Military operations involving explosion due to accidental detonation and discharge of own munitions or munitions launch device, civilian, sequela
Z04.1	Encounter for examination and observation following transport accident
Z04.2	Encounter for examination and observation following work accident
Z04.3	Encounter for examination and observation following other accident
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
S00.00XA	Unspecified superficial injury of scalp, initial encounter
S00.00XD	Unspecified superficial injury of scalp, subsequent encounter
S00.00XS	Unspecified superficial injury of scalp, sequela
S00.01XA	Abrasion of scalp, initial encounter
S00.01XD	Abrasion of scalp, subsequent encounter
S00.01XS	Abrasion of scalp, sequela
S00.02XA	Blister (nonthermal) of scalp, initial encounter
S00.02XD	Blister (nonthermal) of scalp, subsequent encounter
S00.02XS	Blister (nonthermal) of scalp, sequela
S00.03XA	Contusion of scalp, initial encounter
S00.03XD	Contusion of scalp, subsequent encounter
S00.03XS	Contusion of scalp, sequela
S00.04XA	External constriction of part of scalp, initial encounter
S00.04XD	External constriction of part of scalp, subsequent encounter
S00.04XS	External constriction of part of scalp, sequela
S00.05XA	Superficial foreign body of scalp, initial encounter
S00.05XD	Superficial foreign body of scalp, subsequent encounter
S00.05XS	Superficial foreign body of scalp, sequela
S00.10XA	Contusion of unspecified eyelid and periocular area, initial encounter
S00.10XD	Contusion of unspecified eyelid and periocular area, subsequent encounter
S00.10XS	Contusion of unspecified eyelid and periocular area, sequela
S00.11XA	Contusion of right eyelid and periocular area, initial encounter
S00.11XD	Contusion of right eyelid and periocular area, subsequent encounter
S00.11XS	Contusion of right eyelid and periocular area, sequela
S00.12XA	Contusion of left eyelid and periocular area, initial encounter
S00.12XD	Contusion of left eyelid and periocular area, subsequent encounter
S00.12XS	Contusion of left eyelid and periocular area, sequela
S00.201A	Unspecified superficial injury of right eyelid and periocular area, initial encounter
S00.201D	Unspecified superficial injury of right eyelid and periocular area, subsequent encounter
S00.201S	Unspecified superficial injury of right eyelid and periocular area, sequela
S00.202A	Unspecified superficial injury of left eyelid and periocular area, initial encounter
S00.202D	Unspecified superficial injury of left eyelid and periocular area, subsequent encounter
S00.202S	Unspecified superficial injury of left eyelid and periocular area, sequela
S00.209A	Unspecified superficial injury of unspecified eyelid and periocular area, initial encounter
S00.209D	Unspecified superficial injury of unspecified eyelid and periocular area, subsequent encounter
S00.209S	Unspecified superficial injury of unspecified eyelid and periocular area, sequela
S00.211A	Abrasion of right eyelid and periocular area, initial encounter
S00.211D	Abrasion of right eyelid and periocular area, subsequent encounter
S00.211S	Abrasion of right eyelid and periocular area, sequela
S00.212A	Abrasion of left eyelid and periocular area, initial encounter
S00.212D	Abrasion of left eyelid and periocular area, subsequent encounter
S00.212S	Abrasion of left eyelid and periocular area, sequela
S00.219A	Abrasion of unspecified eyelid and periocular area, initial encounter
S00.219D	Abrasion of unspecified eyelid and periocular area, subsequent encounter
S00.219S	Abrasion of unspecified eyelid and periocular area, sequela
S00.31XA	Abrasion of nose, initial encounter
S00.31XD	Abrasion of nose, subsequent encounter
S00.31XS	Abrasion of nose, sequela
S00.33XA	Contusion of nose, initial encounter
S00.33XD	Contusion of nose, subsequent encounter
S00.33XS	Contusion of nose, sequela
S00.35XA	Superficial foreign body of nose, initial encounter
S00.35XD	Superficial foreign body of nose, subsequent encounter
S00.35XS	Superficial foreign body of nose, sequela
S00.401A	Unspecified superficial injury of right ear, initial encounter
S00.401D	Unspecified superficial injury of right ear, subsequent encounter
S00.401S	Unspecified superficial injury of right ear, sequela
S00.402A	Unspecified superficial injury of left ear, initial encounter
S00.402D	Unspecified superficial injury of left ear, subsequent encounter
S00.402S	Unspecified superficial injury of left ear, sequela
S00.409A	Unspecified superficial injury of unspecified ear, initial encounter
S00.409D	Unspecified superficial injury of unspecified ear, subsequent encounter
S00.409S	Unspecified superficial injury of unspecified ear, sequela
S00.411A	Abrasion of right ear, initial encounter
S00.411D	Abrasion of right ear, subsequent encounter
S00.411S	Abrasion of right ear, sequela
S00.412A	Abrasion of left ear, initial encounter
S00.412D	Abrasion of left ear, subsequent encounter
S00.412S	Abrasion of left ear, sequela
S00.419A	Abrasion of unspecified ear, initial encounter
S00.419D	Abrasion of unspecified ear, subsequent encounter
S00.419S	Abrasion of unspecified ear, sequela
S00.431A	Contusion of right ear, initial encounter
S00.431D	Contusion of right ear, subsequent encounter

S00.431S	Contusion of right ear, sequela
S00.432A	Contusion of left ear, initial encounter
S00.432D	Contusion of left ear, subsequent encounter
S00.432S	Contusion of left ear, sequela
S00.439A	Contusion of unspecified ear, initial encounter
S00.439D	Contusion of unspecified ear, subsequent encounter
S00.439S	Contusion of unspecified ear, sequela
S00.451A	Superficial foreign body of right ear, initial encounter
S00.451D	Superficial foreign body of right ear, subsequent encounter
S00.451S	Superficial foreign body of right ear, sequela
S00.452A	Superficial foreign body of left ear, initial encounter
S00.452D	Superficial foreign body of left ear, subsequent encounter
S00.452S	Superficial foreign body of left ear, sequela
S00.459A	Superficial foreign body of unspecified ear, initial encounter
S00.459D	Superficial foreign body of unspecified ear, subsequent encounter
S00.459S	Superficial foreign body of unspecified ear, sequela
S00.501A	Unspecified superficial injury of lip, initial encounter
S00.501D	Unspecified superficial injury of lip, subsequent encounter
S00.501S	Unspecified superficial injury of lip, sequela
S00.502A	Unspecified superficial injury of oral cavity, initial encounter
S00.502D	Unspecified superficial injury of oral cavity, subsequent encounter
S00.502S	Unspecified superficial injury of oral cavity, sequela
S00.511A	Abrasion of lip, initial encounter
S00.511D	Abrasion of lip, subsequent encounter
S00.511S	Abrasion of lip, sequela
S00.512A	Abrasion of oral cavity, initial encounter
S00.512D	Abrasion of oral cavity, subsequent encounter
S00.512S	Abrasion of oral cavity, sequela
S00.531A	Contusion of lip, initial encounter
S00.531D	Contusion of lip, subsequent encounter
S00.531S	Contusion of lip, sequela
S00.532A	Contusion of oral cavity, initial encounter
S00.532D	Contusion of oral cavity, subsequent encounter
S00.532S	Contusion of oral cavity, sequela
S00.80XA	Unspecified superficial injury of other part of head, initial encounter
S00.80XD	Unspecified superficial injury of other part of head, subsequent encounter
S00.80XS	Unspecified superficial injury of other part of head, sequela
S00.81XA	Abrasion of other part of head, initial encounter
S00.81XD	Abrasion of other part of head, subsequent encounter
S00.81XS	Abrasion of other part of head, sequela
S00.83XA	Contusion of other part of head, initial encounter
S00.83XD	Contusion of other part of head, subsequent encounter
S00.83XS	Contusion of other part of head, sequela
S00.84XA	External constriction of other part of head, initial encounter
S00.84XD	External constriction of other part of head, subsequent encounter
S00.84XS	External constriction of other part of head, sequela
S00.85XA	Superficial foreign body of other part of head, initial encounter
S00.85XD	Superficial foreign body of other part of head, subsequent encounter
S00.85XS	Superficial foreign body of other part of head, sequela
S00.90XA	Unspecified superficial injury of unspecified part of head, initial encounter
S00.90XD	Unspecified superficial injury of unspecified part of head, subsequent encounter
S00.90XS	Unspecified superficial injury of unspecified part of head, sequela
S00.91XA	Abrasion of unspecified part of head, initial encounter
S00.91XD	Abrasion of unspecified part of head, subsequent encounter
S00.91XS	Abrasion of unspecified part of head, sequela
S00.93XA	Contusion of unspecified part of head, initial encounter
S00.93XD	Contusion of unspecified part of head, subsequent encounter
S00.93XS	Contusion of unspecified part of head, sequela
S01.00XA	Unspecified open wound of scalp, initial encounter
S01.00XD	Unspecified open wound of scalp, subsequent encounter
S01.00XS	Unspecified open wound of scalp, sequela
S01.01XA	Laceration without foreign body of scalp, initial encounter
S01.01XD	Laceration without foreign body of scalp, subsequent encounter
S01.01XS	Laceration without foreign body of scalp, sequela
S01.02XA	Laceration with foreign body of scalp, initial encounter
S01.02XD	Laceration with foreign body of scalp, subsequent encounter
S01.02XS	Laceration with foreign body of scalp, sequela
S01.03XA	Puncture wound without foreign body of scalp, initial encounter
S01.03XD	Puncture wound without foreign body of scalp, subsequent encounter
S01.03XS	Puncture wound without foreign body of scalp, sequela
S01.04XA	Puncture wound with foreign body of scalp, initial encounter
S01.04XD	Puncture wound with foreign body of scalp, subsequent encounter
S01.04XS	Puncture wound with foreign body of scalp, sequela
S01.101A	Unspecified open wound of right eyelid and periocular area, initial encounter
S01.101D	Unspecified open wound of right eyelid and periocular area, subsequent encounter
S01.101S	Unspecified open wound of right eyelid and periocular area, sequela
S01.102A	Unspecified open wound of left eyelid and periocular area, initial encounter
S01.102D	Unspecified open wound of left eyelid and periocular area, subsequent encounter
S01.102S	Unspecified open wound of left eyelid and periocular area, sequela
S01.109A	Unspecified open wound of unspecified eyelid and periocular area, initial encounter
S01.109D	Unspecified open wound of unspecified eyelid and periocular area, subsequent encounter
S01.109S	Unspecified open wound of unspecified eyelid and periocular area, sequela
S01.111A	Laceration without foreign body of right eyelid and periocular area, initial encounter
S01.111D	Laceration without foreign body of right eyelid and periocular area, subsequent encounter
S01.111S	Laceration without foreign body of right eyelid and periocular area, sequela
S01.112A	Laceration without foreign body of left eyelid and periocular area, initial encounter
S01.112D	Laceration without foreign body of left eyelid and periocular area, subsequent encounter
S01.112S	Laceration without foreign body of left eyelid and periocular area, sequela
S01.119A	Laceration without foreign body of unspecified eyelid and periocular area, initial encounter
S01.119D	Laceration without foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.119S	Laceration without foreign body of unspecified eyelid and periocular area, sequela
S01.121A	Laceration with foreign body of right eyelid and periocular area, initial encounter
S01.121D	Laceration with foreign body of right eyelid and periocular area, subsequent encounter
S01.121S	Laceration with foreign body of right eyelid and periocular area, sequela
S01.122A	Laceration with foreign body of left eyelid and periocular area, initial encounter
S01.122D	Laceration with foreign body of left eyelid and periocular area, subsequent encounter
S01.122S	Laceration with foreign body of left eyelid and periocular area, sequela
S01.129A	Laceration with foreign body of unspecified eyelid and periocular area, initial encounter
S01.129D	Laceration with foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.129S	Laceration with foreign body of unspecified eyelid and periocular area, sequela
S01.131A	Puncture wound without foreign body of right eyelid and periocular area, initial encounter
S01.131D	Puncture wound without foreign body of right eyelid and periocular area, subsequent encounter
S01.131S	Puncture wound without foreign body of right eyelid and periocular area, sequela
S01.132A	Puncture wound without foreign body of left eyelid and periocular area, initial encounter
S01.132D	Puncture wound without foreign body of left eyelid and periocular area, subsequent encounter
S01.132S	Puncture wound without foreign body of left eyelid and periocular area, sequela
S01.139A	Puncture wound without foreign body of unspecified eyelid and periocular area, initial encounter
S01.139D	Puncture wound without foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.139S	Puncture wound without foreign body of unspecified eyelid and periocular area, sequela
S01.141A	Puncture wound with foreign body of right eyelid and periocular area, initial encounter
S01.141D	Puncture wound with foreign body of right eyelid and periocular area, subsequent encounter
S01.141S	Puncture wound with foreign body of right eyelid and periocular area, sequela
S01.142A	Puncture wound with foreign body of left eyelid and periocular area, initial encounter
S01.142D	Puncture wound with foreign body of left eyelid and periocular area, subsequent encounter
S01.142S	Puncture wound with foreign body of left eyelid and periocular area, sequela
S01.149A	Puncture wound with foreign body of unspecified eyelid and periocular area, initial encounter
S01.149D	Puncture wound with foreign body of unspecified eyelid and periocular area, subsequent encounter
S01.149S	Puncture wound with foreign body of unspecified eyelid and periocular area, sequela
S01.20XA	Unspecified open wound of nose, initial encounter
S01.20XD	Unspecified open wound of nose, subsequent encounter
S01.20XS	Unspecified open wound of nose, sequela
S01.21XA	Laceration without foreign body of nose, initial encounter
S01.21XD	Laceration without foreign body of nose, subsequent encounter
S01.21XS	Laceration without foreign body of nose, sequela
S01.22XA	Laceration with foreign body of nose, initial encounter
S01.22XD	Laceration with foreign body of nose, subsequent encounter
S01.22XS	Laceration with foreign body of nose, sequela
S01.23XA	Puncture wound without foreign body of nose, initial encounter

[illegible]

[illegible]

[illegible]

[illegible]

S02.672D	Fracture of alveolus of left mandible, subsequent encounter for fracture with routine healing
S02.672G	Fracture of alveolus of left mandible, subsequent encounter for fracture with delayed healing
S02.672K	Fracture of alveolus of left mandible, subsequent encounter for fracture with nonunion
S02.672S	Fracture of alveolus of left mandible, sequela
S02.69XA	Fracture of mandible of other specified site, initial encounter for closed fracture
S02.69XB	Fracture of mandible of other specified site, initial encounter for open fracture
S02.69XD	Fracture of mandible of other specified site, subsequent encounter for fracture with routine healing
S02.69XG	Fracture of mandible of other specified site, subsequent encounter for fracture with delayed healing
S02.69XK	Fracture of mandible of other specified site, subsequent encounter for fracture with nonunion
S02.69XS	Fracture of mandible of other specified site, sequela
S02.80XA	Fracture of other specified skull and facial bones, unspecified side, initial encounter for closed fracture
S02.80XB	Fracture of other specified skull and facial bones, unspecified side, initial encounter for open fracture
S02.80XD	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with routine healing
S02.80XG	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with delayed healing
S02.80XK	Fracture of other specified skull and facial bones, unspecified side, subsequent encounter for fracture with nonunion
S02.80XS	Fracture of other specified skull and facial bones, unspecified side, sequela
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.81XD	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with routine healing
S02.81XG	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with delayed healing
S02.81XK	Fracture of other specified skull and facial bones, right side, subsequent encounter for fracture with nonunion
S02.81XS	Fracture of other specified skull and facial bones, right side, sequela
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S02.82XD	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with routine healing
S02.82XG	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with delayed healing
S02.82XK	Fracture of other specified skull and facial bones, left side, subsequent encounter for fracture with nonunion
S02.82XS	Fracture of other specified skull and facial bones, left side, sequela
S02.91XA	Unspecified fracture of skull, initial encounter for closed fracture
S02.91XB	Unspecified fracture of skull, initial encounter for open fracture
S02.91XD	Unspecified fracture of skull, subsequent encounter for fracture with routine healing
S02.91XG	Unspecified fracture of skull, subsequent encounter for fracture with delayed healing
S02.91XK	Unspecified fracture of skull, subsequent encounter for fracture with nonunion
S02.91XS	Unspecified fracture of skull, sequela
S02.92XA	Unspecified fracture of facial bones, initial encounter for closed fracture
S02.92XB	Unspecified fracture of facial bones, initial encounter for open fracture
S02.92XD	Unspecified fracture of facial bones, subsequent encounter for fracture with routine healing
S02.92XG	Unspecified fracture of facial bones, subsequent encounter for fracture with delayed healing
S02.92XK	Unspecified fracture of facial bones, subsequent encounter for fracture with nonunion
S02.92XS	Unspecified fracture of facial bones, sequela
S03.00XA	Dislocation of jaw, unspecified side, initial encounter
S03.00XD	Dislocation of jaw, unspecified side, subsequent encounter
S03.00XS	Dislocation of jaw, unspecified side, sequela
S03.01XA	Dislocation of jaw, right side, initial encounter
S03.01XD	Dislocation of jaw, right side, subsequent encounter
S03.01XS	Dislocation of jaw, right side, sequela
S03.02XA	Dislocation of jaw, left side, initial encounter
S03.02XD	Dislocation of jaw, left side, subsequent encounter
S03.02XS	Dislocation of jaw, left side, sequela
S03.03XA	Dislocation of jaw, bilateral, initial encounter
S03.03XD	Dislocation of jaw, bilateral, subsequent encounter
S03.03XS	Dislocation of jaw, bilateral, sequela
S03.1XXA	Dislocation of septal cartilage of nose, initial encounter
S03.1XXD	Dislocation of septal cartilage of nose, subsequent encounter
S03.1XXS	Dislocation of septal cartilage of nose, sequela
S03.2XXA	Dislocation of tooth, initial encounter
S03.2XXD	Dislocation of tooth, subsequent encounter
S03.2XXS	Dislocation of tooth, sequela
S03.40XA	Sprain of jaw, unspecified side, initial encounter
S03.40XD	Sprain of jaw, unspecified side, subsequent encounter
S03.40XS	Sprain of jaw, unspecified side, sequela
S03.41XA	Sprain of jaw, right side, initial encounter
S03.41XD	Sprain of jaw, right side, subsequent encounter
S03.41XS	Sprain of jaw, right side, sequela
S03.42XA	Sprain of jaw, left side, initial encounter
S03.42XD	Sprain of jaw, left side, subsequent encounter
S03.42XS	Sprain of jaw, left side, sequela
S03.43XA	Sprain of jaw, bilateral, initial encounter
S03.43XD	Sprain of jaw, bilateral, subsequent encounter
S03.43XS	Sprain of jaw, bilateral, sequela
S03.8XXA	Sprain of joints and ligaments of other parts of head, initial encounter
S03.8XXD	Sprain of joints and ligaments of other parts of head, subsequent encounter
S03.8XXS	Sprain of joints and ligaments of other parts of head, sequela
S03.9XXA	Sprain of joints and ligaments of unspecified parts of head, initial encounter
S03.9XXD	Sprain of joints and ligaments of unspecified parts of head, subsequent encounter
S03.9XXS	Sprain of joints and ligaments of unspecified parts of head, sequela
S06.0X0A	Concussion without loss of consciousness, initial encounter
S06.0X0D	Concussion without loss of consciousness, subsequent encounter
S06.0X0S	Concussion without loss of consciousness, sequela
S06.0X1A	Concussion with loss of consciousness of 30 minutes or less, initial encounter
S06.0X1D	Concussion with loss of consciousness of 30 minutes or less, subsequent encounter
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X9A	Concussion with loss of consciousness of unspecified duration, initial encounter
S06.0X9D	Concussion with loss of consciousness of unspecified duration, subsequent encounter
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S07.0XXA	Crushing injury of face, initial encounter
S07.0XXD	Crushing injury of face, subsequent encounter
S07.0XXS	Crushing injury of face, sequela
S07.1XXA	Crushing injury of skull, initial encounter
S07.1XXD	Crushing injury of skull, subsequent encounter
S07.1XXS	Crushing injury of skull, sequela
S07.8XXA	Crushing injury of other parts of head, initial encounter
S07.8XXD	Crushing injury of other parts of head, subsequent encounter
S07.8XXS	Crushing injury of other parts of head, sequela
S07.9XXA	Crushing injury of head, part unspecified, initial encounter
S07.9XXD	Crushing injury of head, part unspecified, subsequent encounter
S07.9XXS	Crushing injury of head, part unspecified, sequela
S08.0XXA	Avulsion of scalp, initial encounter
S08.0XXD	Avulsion of scalp, subsequent encounter
S08.0XXS	Avulsion of scalp, sequela
S09.0XXA	Injury of blood vessels of head, not elsewhere classified, initial encounter
S09.0XXD	Injury of blood vessels of head, not elsewhere classified, subsequent encounter
S09.0XXS	Injury of blood vessels of head, not elsewhere classified, sequela
S09.10XA	Unspecified injury of muscle and tendon of head, initial encounter
S09.10XD	Unspecified injury of muscle and tendon of head, subsequent encounter
S09.10XS	Unspecified injury of muscle and tendon of head, sequela
S09.19XA	Other specified injury of muscle and tendon of head, initial encounter
S09.19XD	Other specified injury of muscle and tendon of head, subsequent encounter
S09.19XS	Other specified injury of muscle and tendon of head, sequela
S09.90XA	Unspecified injury of head, initial encounter
S09.90XD	Unspecified injury of head, subsequent encounter
S09.90XS	Unspecified injury of head, sequela
S09.91XA	Unspecified injury of ear, initial encounter
S09.91XD	Unspecified injury of ear, subsequent encounter
S09.91XS	Unspecified injury of ear, sequela
S09.92XA	Unspecified injury of nose, initial encounter
S09.92XD	Unspecified injury of nose, subsequent encounter
S09.92XS	Unspecified injury of nose, sequela
S09.93XA	Unspecified injury of face, initial encounter
S09.93XD	Unspecified injury of face, subsequent encounter
S09.93XS	Unspecified injury of face, sequela
S10.80XA	Unspecified superficial injury of other specified part of neck, initial encounter
S10.80XD	Unspecified superficial injury of other specified part of neck, subsequent encounter
S10.80XS	Unspecified superficial injury of other specified part of neck, sequela
S10.90XA	Unspecified superficial injury of unspecified part of neck, initial encounter
S10.90XD	Unspecified superficial injury of unspecified part of neck, subsequent encounter
S10.90XS	Unspecified superficial injury of unspecified part of neck, sequela
S16.8XXA	Other specified injury of muscle, fascia and tendon at neck level, initial encounter

S16.8XXD	Other specified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.8XXS	Other specified injury of muscle, fascia and tendon at neck level, sequela
S16.9XXA	Unspecified injury of muscle, fascia and tendon at neck level, initial encounter
S16.9XXD	Unspecified injury of muscle, fascia and tendon at neck level, subsequent encounter
S16.9XXS	Unspecified injury of muscle, fascia and tendon at neck level, sequela
S17.0XXA	Crushing injury of larynx and trachea, initial encounter
S17.0XXD	Crushing injury of larynx and trachea, subsequent encounter
S17.0XXS	Crushing injury of larynx and trachea, sequela
S17.8XXA	Crushing injury of other specified parts of neck, initial encounter
S17.8XXD	Crushing injury of other specified parts of neck, subsequent encounter
S17.8XXS	Crushing injury of other specified parts of neck, sequela
S17.9XXA	Crushing injury of neck, part unspecified, initial encounter
S17.9XXD	Crushing injury of neck, part unspecified, subsequent encounter
S17.9XXS	Crushing injury of neck, part unspecified, sequela
S19.9XXA	Unspecified injury of neck, initial encounter
S19.9XXD	Unspecified injury of neck, subsequent encounter
S19.9XXS	Unspecified injury of neck, sequela
V94.31XA	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, initial encounter
V94.31XD	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, subsequent encounter
V94.31XS	Injury to rider of (inflatable) recreational watercraft being pulled behind other watercraft, sequela
V94.32XA	Injury to rider of non-recreational watercraft being pulled behind other watercraft, initial encounter
V94.32XD	Injury to rider of non-recreational watercraft being pulled behind other watercraft, subsequent encounter
V94.32XS	Injury to rider of non-recreational watercraft being pulled behind other watercraft, sequela
V94.4XXA	Injury to barefoot water-skier, initial encounter
V94.4XXD	Injury to barefoot water-skier, subsequent encounter
V94.4XXS	Injury to barefoot water-skier, sequela
W16.012A	Fall into swimming pool striking water surface causing other injury, initial encounter
W16.012D	Fall into swimming pool striking water surface causing other injury, subsequent encounter
W16.012S	Fall into swimming pool striking water surface causing other injury, sequela
W16.022A	Fall into swimming pool striking bottom causing other injury, initial encounter
W16.022D	Fall into swimming pool striking bottom causing other injury, subsequent encounter
W16.022S	Fall into swimming pool striking bottom causing other injury, sequela
W16.032A	Fall into swimming pool striking wall causing other injury, initial encounter
W16.032D	Fall into swimming pool striking wall causing other injury, subsequent encounter
W16.032S	Fall into swimming pool striking wall causing other injury, sequela
W16.112A	Fall into natural body of water striking water surface causing other injury, initial encounter
W16.112D	Fall into natural body of water striking water surface causing other injury, subsequent encounter
W16.112S	Fall into natural body of water striking water surface causing other injury, sequela
W16.122A	Fall into natural body of water striking bottom causing other injury, initial encounter
W16.122D	Fall into natural body of water striking bottom causing other injury, subsequent encounter
W16.122S	Fall into natural body of water striking bottom causing other injury, sequela
W16.132A	Fall into natural body of water striking side causing other injury, initial encounter
W16.132D	Fall into natural body of water striking side causing other injury, subsequent encounter
W16.132S	Fall into natural body of water striking side causing other injury, sequela
W16.212A	Fall in (into) filled bathtub causing other injury, initial encounter
W16.212D	Fall in (into) filled bathtub causing other injury, subsequent encounter
W16.212S	Fall in (into) filled bathtub causing other injury, sequela
W16.222A	Fall in (into) bucket of water causing other injury, initial encounter
W16.222D	Fall in (into) bucket of water causing other injury, subsequent encounter
W16.222S	Fall in (into) bucket of water causing other injury, sequela
W16.312A	Fall into other water striking water surface causing other injury, initial encounter
W16.312D	Fall into other water striking water surface causing other injury, subsequent encounter
W16.312S	Fall into other water striking water surface causing other injury, sequela
W16.322A	Fall into other water striking bottom causing other injury, initial encounter
W16.322D	Fall into other water striking bottom causing other injury, subsequent encounter
W16.322S	Fall into other water striking bottom causing other injury, sequela
W16.332A	Fall into other water striking wall causing other injury, initial encounter
W16.332D	Fall into other water striking wall causing other injury, subsequent encounter
W16.332S	Fall into other water striking wall causing other injury, sequela
W16.42XA	Fall into unspecified water causing other injury, initial encounter
W16.42XD	Fall into unspecified water causing other injury, subsequent encounter
W16.42XS	Fall into unspecified water causing other injury, sequela
W16.512A	Jumping or diving into swimming pool striking water surface causing other injury, initial encounter
W16.512D	Jumping or diving into swimming pool striking water surface causing other injury, subsequent encounter
W16.512S	Jumping or diving into swimming pool striking water surface causing other injury, sequela
W16.522A	Jumping or diving into swimming pool striking bottom causing other injury, initial encounter
W16.522D	Jumping or diving into swimming pool striking bottom causing other injury, subsequent encounter
W16.522S	Jumping or diving into swimming pool striking bottom causing other injury, sequela
W16.532A	Jumping or diving into swimming pool striking wall causing other injury, initial encounter
W16.532D	Jumping or diving into swimming pool striking wall causing other injury, subsequent encounter
W16.532S	Jumping or diving into swimming pool striking wall causing other injury, sequela
W16.612A	Jumping or diving into natural body of water striking water surface causing other injury, initial encounter
W16.612D	Jumping or diving into natural body of water striking water surface causing other injury, subsequent encounter
W16.612S	Jumping or diving into natural body of water striking water surface causing other injury, sequela
W16.622A	Jumping or diving into natural body of water striking bottom causing other injury, initial encounter
W16.622D	Jumping or diving into natural body of water striking bottom causing other injury, subsequent encounter
W16.622S	Jumping or diving into natural body of water striking bottom causing other injury, sequela
W16.712A	Jumping or diving from boat striking water surface causing other injury, initial encounter
W16.712D	Jumping or diving from boat striking water surface causing other injury, subsequent encounter
W16.712S	Jumping or diving from boat striking water surface causing other injury, sequela
W16.722A	Jumping or diving from boat striking bottom causing other injury, initial encounter
W16.722D	Jumping or diving from boat striking bottom causing other injury, subsequent encounter
W16.722S	Jumping or diving from boat striking bottom causing other injury, sequela
W16.812A	Jumping or diving into other water striking water surface causing other injury, initial encounter
W16.812D	Jumping or diving into other water striking water surface causing other injury, subsequent encounter
W16.812S	Jumping or diving into other water striking water surface causing other injury, sequela
W16.822A	Jumping or diving into other water striking bottom causing other injury, initial encounter
W16.822D	Jumping or diving into other water striking bottom causing other injury, subsequent encounter
W16.822S	Jumping or diving into other water striking bottom causing other injury, sequela
W16.832A	Jumping or diving into other water striking wall causing other injury, initial encounter
W16.832D	Jumping or diving into other water striking wall causing other injury, subsequent encounter
W16.832S	Jumping or diving into other water striking wall causing other injury, sequela
W16.92XA	Jumping or diving into unspecified water causing other injury, initial encounter
W16.92XD	Jumping or diving into unspecified water causing other injury, subsequent encounter
W16.92XS	Jumping or diving into unspecified water causing other injury, sequela
W22.042A	Striking against wall of swimming pool causing other injury, initial encounter
W22.042D	Striking against wall of swimming pool causing other injury, subsequent encounter
W22.042S	Striking against wall of swimming pool causing other injury, sequela
X00.2XXA	Injury due to collapse of burning building or structure in uncontrolled fire, initial encounter
X00.2XXD	Injury due to collapse of burning building or structure in uncontrolled fire, subsequent encounter
X00.2XXS	Injury due to collapse of burning building or structure in uncontrolled fire, sequela
X02.2XXA	Injury due to collapse of burning building or structure in controlled fire, initial encounter
X02.2XXD	Injury due to collapse of burning building or structure in controlled fire, subsequent encounter
X02.2XXS	Injury due to collapse of burning building or structure in controlled fire, sequela
Y35.011A	Legal intervention involving injury by machine gun, law enforcement official injured, initial encounter
Y35.011D	Legal intervention involving injury by machine gun, law enforcement official injured, subsequent encounter
Y35.011S	Legal intervention involving injury by machine gun, law enforcement official injured, sequela
Y35.012A	Legal intervention involving injury by machine gun, bystander injured, initial encounter
Y35.012D	Legal intervention involving injury by machine gun, bystander injured, subsequent encounter
Y35.012S	Legal intervention involving injury by machine gun, bystander injured, sequela
Y35.013A	Legal intervention involving injury by machine gun, suspect injured, initial encounter
Y35.013D	Legal intervention involving injury by machine gun, suspect injured, subsequent encounter
Y35.013S	Legal intervention involving injury by machine gun, suspect injured, sequela
Y35.021A	Legal intervention involving injury by handgun, law enforcement official injured, initial encounter
Y35.021D	Legal intervention involving injury by handgun, law enforcement official injured, subsequent encounter
Y35.021S	Legal intervention involving injury by handgun, law enforcement official injured, sequela
Y35.022A	Legal intervention involving injury by handgun, bystander injured, initial encounter
Y35.022D	Legal intervention involving injury by handgun, bystander injured, subsequent encounter
Y35.022S	Legal intervention involving injury by handgun, bystander injured, sequela
Y35.023A	Legal intervention involving injury by handgun, suspect injured, initial encounter
Y35.023D	Legal intervention involving injury by handgun, suspect injured, subsequent encounter
Y35.023S	Legal intervention involving injury by handgun, suspect injured, sequela
Y35.031A	Legal intervention involving injury by rifle pellet, law enforcement official injured, initial encounter
Y35.031D	Legal intervention involving injury by rifle pellet, law enforcement official injured, subsequent encounter
Y35.031S	Legal intervention involving injury by rifle pellet, law enforcement official injured, sequela
Y35.032A	Legal intervention involving injury by rifle pellet, bystander injured, initial encounter
Y35.032D	Legal intervention involving injury by rifle pellet, bystander injured, subsequent encounter
Y35.032S	Legal intervention involving injury by rifle pellet, bystander injured, sequela

Y35.033A	Legal intervention involving injury by rifle pellet, suspect injured, initial encounter
Y35.033D	Legal intervention involving injury by rifle pellet, suspect injured, subsequent encounter
Y35.033S	Legal intervention involving injury by rifle pellet, suspect injured, sequela
Y35.041A	Legal intervention involving injury by rubber bullet, law enforcement official injured, initial encounter
Y35.041D	Legal intervention involving injury by rubber bullet, law enforcement official injured, subsequent encounter
Y35.041S	Legal intervention involving injury by rubber bullet, law enforcement official injured, sequela
Y35.042A	Legal intervention involving injury by rubber bullet, bystander injured, initial encounter
Y35.042D	Legal intervention involving injury by rubber bullet, bystander injured, subsequent encounter
Y35.042S	Legal intervention involving injury by rubber bullet, bystander injured, sequela
Y35.043A	Legal intervention involving injury by rubber bullet, suspect injured, initial encounter
Y35.043D	Legal intervention involving injury by rubber bullet, suspect injured, subsequent encounter
Y35.043S	Legal intervention involving injury by rubber bullet, suspect injured, sequela
Y35.111A	Legal intervention involving injury by dynamite, law enforcement official injured, initial encounter
Y35.111D	Legal intervention involving injury by dynamite, law enforcement official injured, subsequent encounter
Y35.111S	Legal intervention involving injury by dynamite, law enforcement official injured, sequela
Y35.112A	Legal intervention involving injury by dynamite, bystander injured, initial encounter
Y35.112D	Legal intervention involving injury by dynamite, bystander injured, subsequent encounter
Y35.112S	Legal intervention involving injury by dynamite, bystander injured, sequela
Y35.113A	Legal intervention involving injury by dynamite, suspect injured, initial encounter
Y35.113D	Legal intervention involving injury by dynamite, suspect injured, subsequent encounter
Y35.113S	Legal intervention involving injury by dynamite, suspect injured, sequela
Y35.121A	Legal intervention involving injury by explosive shell, law enforcement official injured, initial encounter
Y35.121D	Legal intervention involving injury by explosive shell, law enforcement official injured, subsequent encounter
Y35.121S	Legal intervention involving injury by explosive shell, law enforcement official injured, sequela
Y35.122A	Legal intervention involving injury by explosive shell, bystander injured, initial encounter
Y35.122D	Legal intervention involving injury by explosive shell, bystander injured, subsequent encounter
Y35.122S	Legal intervention involving injury by explosive shell, bystander injured, sequela
Y35.123A	Legal intervention involving injury by explosive shell, suspect injured, initial encounter
Y35.123D	Legal intervention involving injury by explosive shell, suspect injured, subsequent encounter
Y35.123S	Legal intervention involving injury by explosive shell, suspect injured, sequela
Y35.211A	Legal intervention involving injury by tear gas, law enforcement official injured, initial encounter
Y35.211D	Legal intervention involving injury by tear gas, law enforcement official injured, subsequent encounter
Y35.211S	Legal intervention involving injury by tear gas, law enforcement official injured, sequela
Y35.212A	Legal intervention involving injury by tear gas, bystander injured, initial encounter
Y35.212D	Legal intervention involving injury by tear gas, bystander injured, subsequent encounter
Y35.212S	Legal intervention involving injury by tear gas, bystander injured, sequela
Y35.213A	Legal intervention involving injury by tear gas, suspect injured, initial encounter
Y35.213D	Legal intervention involving injury by tear gas, suspect injured, subsequent encounter
Y35.213S	Legal intervention involving injury by tear gas, suspect injured, sequela
S08.812A	Partial traumatic amputation of nose, initial encounter
S08.812D	Partial traumatic amputation of nose, subsequent encounter
S08.812S	Partial traumatic amputation of nose, sequela
S08.89XA	Traumatic amputation of other parts of head, initial encounter
S08.89XD	Traumatic amputation of other parts of head, subsequent encounter
S08.89XS	Traumatic amputation of other parts of head, sequela
S09.11XA	Strain of muscle and tendon of head, initial encounter
S09.11XD	Strain of muscle and tendon of head, subsequent encounter
S09.11XS	Strain of muscle and tendon of head, sequela
S09.12XA	Laceration of muscle and tendon of head, initial encounter
S09.12XD	Laceration of muscle and tendon of head, subsequent encounter
S09.12XS	Laceration of muscle and tendon of head, sequela
S09.8XXA	Other specified injuries of head, initial encounter
S09.8XXD	Other specified injuries of head, subsequent encounter
S09.8XXS	Other specified injuries of head, sequela
S10.81XA	Abrasion of other specified part of neck, initial encounter
S10.81XD	Abrasion of other specified part of neck, subsequent encounter
S10.81XS	Abrasion of other specified part of neck, sequela
S10.83XA	Contusion of other specified part of neck, initial encounter
S10.83XD	Contusion of other specified part of neck, subsequent encounter
S10.83XS	Contusion of other specified part of neck, sequela
S10.84XA	External constriction of other specified part of neck, initial encounter
S10.84XD	External constriction of other specified part of neck, subsequent encounter
S10.84XS	External constriction of other specified part of neck, sequela
S10.85XA	Superficial foreign body of other specified part of neck, initial encounter
S10.85XD	Superficial foreign body of other specified part of neck, subsequent encounter
S10.85XS	Superficial foreign body of other specified part of neck, sequela
S10.91XA	Abrasion of unspecified part of neck, initial encounter
S10.91XD	Abrasion of unspecified part of neck, subsequent encounter
S10.91XS	Abrasion of unspecified part of neck, sequela
S10.93XA	Contusion of unspecified part of neck, initial encounter
S10.93XD	Contusion of unspecified part of neck, subsequent encounter
S10.93XS	Contusion of unspecified part of neck, sequela
S10.94XA	External constriction of unspecified part of neck, initial encounter
S10.94XD	External constriction of unspecified part of neck, subsequent encounter
S10.94XS	External constriction of unspecified part of neck, sequela
S11.80XA	Unspecified open wound of other specified part of neck, initial encounter
S11.80XD	Unspecified open wound of other specified part of neck, subsequent encounter
S11.80XS	Unspecified open wound of other specified part of neck, sequela
S11.81XA	Laceration without foreign body of other specified part of neck, initial encounter
S11.81XD	Laceration without foreign body of other specified part of neck, subsequent encounter
S11.81XS	Laceration without foreign body of other specified part of neck, sequela
S11.82XA	Laceration with foreign body of other specified part of neck, initial encounter
S11.82XD	Laceration with foreign body of other specified part of neck, subsequent encounter
S11.82XS	Laceration with foreign body of other specified part of neck, sequela
S11.83XA	Puncture wound without foreign body of other specified part of neck, initial encounter
S11.83XD	Puncture wound without foreign body of other specified part of neck, subsequent encounter
K08.111	Complete loss of teeth due to trauma, class I
K08.112	Complete loss of teeth due to trauma, class II
K08.113	Complete loss of teeth due to trauma, class III
K08.114	Complete loss of teeth due to trauma, class IV
K08.119	Complete loss of teeth due to trauma, unspecified class
K08.411	Partial loss of teeth due to trauma, class I
K08.412	Partial loss of teeth due to trauma, class II
K08.413	Partial loss of teeth due to trauma, class III
K08.414	Partial loss of teeth due to trauma, class IV
K08.419	Partial loss of teeth due to trauma, unspecified class
S11.83XS	Puncture wound without foreign body of other specified part of neck, sequela
S11.84XA	Puncture wound with foreign body of other specified part of neck, initial encounter
S11.84XD	Puncture wound with foreign body of other specified part of neck, subsequent encounter
S11.84XS	Puncture wound with foreign body of other specified part of neck, sequela
S11.85XA	Open bite of other specified part of neck, initial encounter
S11.85XD	Open bite of other specified part of neck, subsequent encounter
S11.85XS	Open bite of other specified part of neck, sequela
S11.89XA	Other open wound of other specified part of neck, initial encounter
S11.89XD	Other open wound of other specified part of neck, subsequent encounter
S11.89XS	Other open wound of other specified part of neck, sequela
S11.90XA	Unspecified open wound of unspecified part of neck, initial encounter
S11.90XD	Unspecified open wound of unspecified part of neck, subsequent encounter
S11.90XS	Unspecified open wound of unspecified part of neck, sequela
S11.91XA	Laceration without foreign body of unspecified part of neck, initial encounter
S11.91XD	Laceration without foreign body of unspecified part of neck, subsequent encounter
S11.91XS	Laceration without foreign body of unspecified part of neck, sequela
S11.92XA	Laceration with foreign body of unspecified part of neck, initial encounter
S11.92XD	Laceration with foreign body of unspecified part of neck, subsequent encounter
S11.92XS	Laceration with foreign body of unspecified part of neck, sequela
S11.93XA	Puncture wound without foreign body of unspecified part of neck, initial encounter
S11.93XD	Puncture wound without foreign body of unspecified part of neck, subsequent encounter
S11.93XS	Puncture wound without foreign body of unspecified part of neck, sequela
S11.94XA	Puncture wound with foreign body of unspecified part of neck, initial encounter
S11.94XD	Puncture wound with foreign body of unspecified part of neck, subsequent encounter
S11.94XS	Puncture wound with foreign body of unspecified part of neck, sequela
S11.95XA	Open bite of unspecified part of neck, initial encounter
S11.95XD	Open bite of unspecified part of neck, subsequent encounter
S11.95XS	Open bite of unspecified part of neck, sequela
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.000D	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with routine healing
S12.000G	Unspecified displaced fracture of first cervical vertebra, subsequent encounter for fracture with delayed healing

[illegible]

[illegible]

[illegible]

Orthotics Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
E0800	Diab d/t undrl cond w hyprosm w/o nonket hyprgly-h
E0801	Diabetes due to underlying condition w hyprosm w c
E0810	Diabetes due to underlying condition w ketoacidosi
E0811	Diabetes due to underlying condition w ketoacidosi
E0821	Diabetes due to underlying condition w diabetic ne
E0822	Diabetes due to undrl cond w diabetic chronic kidn
E0829	Diabetes due to undrl condition w oth diabetic kid
E08311	Diab due to undrl cond w unsp diabetic rtnop w mac
E08319	Diab due to undrl cond w unsp diab rtnop w/o macul
E08321	Diab d/t undrl cond w mild nonprlf diab rtnop w mc
E083211	DIABETES MELLITUS D/T UNDERLY MILD NPDR ME OD
E083212	DIABETES MELLITUS D/T UNDERLY MILD NPDR ME OS
E083213	DIABETES MELLITUS D/T UNDERLY MILD NPDR ME BILAT
E083219	DIAB MELLITUS D/T UNDERLY MILD NPDR ME UNS EYE
E08329	Diab d/t undrl cond w mild nonprlf diab rtnop w/o
E083291	DIABETES MELLITUS D/T UNDERLY MILD NPDR WO ME OD
E083292	DIABETES MELLITUS D/T UNDERLY MILD NPDR WO ME OS
E083293	DIAB MELLITUS D/T UNDERLY MILD NPDR W/O ME BILAT
E083299	DIAB MELLITUS D/T UNDRLY MILD NPDR WO ME UNS EYE
E08331	Diab due to undrl cond w mod nonprlf diab rtnop w
E083311	DIABETES MELLITUS D/T UNDERLY MOD NPDR ME RT EYE
E083312	DIABETES MELLITUS D/T UNDERLY MOD NPDR ME LT EYE
E083313	DIABETES MELLITUS D/T UNDERLY MOD NPDR ME BILAT
E083319	DIABETES MELLITUS D/T UNDRLY MOD NPDR ME UNS EYE
E08339	Diab d/t undrl cond w mod nonprlf diab rtnop w/o m
E083391	DIABETES MELLITUS D/T UNDERLY MOD NPDR W/O ME OD
E083392	DIABETES MELLITUS D/T UNDERLY MOD NPDR W/O ME OS
E083393	DIABETES MELLITUS D/O UNDERLY MOD NPDR WO ME BIL
E083399	DIAB MELLITUS D/T UNDERLY MOD NPDR WO ME UNS EYE
E08341	Diab d/t undrl cond w severe nonprlf diab rtnop w
E083411	DIABETES MELLITUS D/T UNDERLY SEVERE NPDR ME OD
E083412	DIABETES MELLITUS D/T UNDERLY SEVERE NPDR ME OS
E083413	DIABETES MELLITUS D/T UNDERLY SEVERE NPDR ME BIL
E083419	DIABETES MELLITUS D/T UNDRLY SVR NPDR ME UNS EYE
E08349	Diab d/t undrl cond w sev nonprlf diab rtnop w/o m
E083491	DIABETES MELLITUS D/T UNDERLY SVR NPDR W/O ME OD
E083492	DIABETES MELLITUS D/T UNDERLY SVR NPDR W/O ME OS
E083493	DIABETES MELLITUS D/T UNDERLY SVR NPDR WO ME BIL
E083499	DIAB MELLITUS D/T UNDERLY SVR NPDR NO ME UNS EYE
E08351	Diab due to undrl cond w prolif diab rtnop w macul
E083511	DIAB MELLITUS D/T UNDERLY PDR MACULAR EDEMA OD
E083512	DIAB MELLITUS D/T UNDERLY PDR MACULAR EDEMA OS
E083513	DIAB MELLITUS D/T UNDERLY PDR MACULAR EDEMA BIL
E083519	DIABETES MELLITUS D/T UNDERLYING PDR ME UNS EYE
E08352	DM D/T UNDERLY COND PROLIF DR TRAC RET DET MAC
E083521	DM D/T UNDERLY PDR TRAC RET DET INVLV MACULA OD
E083522	DM D/T UNDERLY PDR TRAC RET DET INVLV MACULA OS
E083523	DM D/T UNDERLY PDR TRAC RET DET INVLV MACULA BIL
E083529	DM D/T UNDRLY PDR TRAC RET DET INVLV MAC UNS EYE
E08353	DM D/T UNDERLY COND PDR TRAC RET DET NOT MACULA
E083531	DM D/T UNDERLY PDR TRAC RET DETACH NOT MACULA OD
E083532	DM D/T UNDERLY PDR TRAC RET DETACH NOT MACULA OS
E083533	DM D/T UNDRLY PDR TRAC RET DETACH NOT MACULA BIL
E083539	DM DT UNDRLY PDR TRAC RET DETACH NOT MAC UNS EYE
E08354	DM D/T UNDERLY W/PROLIF DM RETIN W/COMB TRD RRD
E083541	DIAB MELLITUS D/T UNDERLY PDR COMB TRD & RRD OD
E083542	DIAB MELLITUS D/T UNDERLY PDR COMB TRD & RRD OS
E083543	DIAB MELLITUS D/T UNDERLY PDR COMB TRD & RRD BIL
E083549	DIAB MELLITUS DT UNDRLY PDR COMB TRD&RRD UNS EYE
E08355	DM D/T UNDERLY COND STABLE PROLIF DIABETIC RET
E083551	DIABETES MELLITUS D/T UNDERLY STABLE PDR RT EYE
E083552	DIABETES MELLITUS D/T UNDERLY STABLE PDR LT EYE
E083553	DIABETES MELLITUS D/T UNDERLY STABLE PDR BILAT
E083559	DIABETES MELLITUS D/T UNDERLY STABLE PDR UNS EYE
E08359	Diab due to undrl cond w prolif diab rtnop w/o mac
E083591	DIAB MELLITUS D/T UNDRLY PDR WO MACULAR EDEMA OD
E083592	DIAB MELLITUS D/T UNDRLY PDR WO MACULAR EDEMA OS
E083593	DIAB MELLITUS DT UNDRLY PDR WO MACULAR EDEMA BIL
E083599	DIAB MELLITUS DT UNDRLY PDR WO MAC EDEMA UNS EYE
E0836	Diabetes due to underlying condition w diabetic ca
E0837	DM D/T UNDERLY W/DM MACULAR EDEMA RESOLV FLW TX
E0837X1	DIABETES MELLITUS D/T UNDRLY DME RSLVD FLW TX OD
E0837X2	DIABETES MELLITUS D/T UNDRLY DME RSLVD FLW TX OS
E0837X3	DIABETES MELLITUS DT UNDRLY DME RSLVD FLW TX BIL
E0837X9	DIAB MELLITUS DT UNDRLY DME RSLVD FLW TX UNS EYE
E0839	Diabetes due to undrl condition w oth diabetic opt
E0840	Diabetes due to underlying condition w diabetic ne
E0841	Diabetes due to undrl condition w diabetic mononeu
E0842	Diabetes due to underlying condition w diabetic po
E0843	Diab due to undrl cond w diabetic autonm (poly)neu
E0844	Diabetes due to underlying condition w diabetic am
E0849	Diabetes due to undrl condition w oth diabetic neu
E0851	Diab due to undrl cond w diab prph angiopath w/o g
E0852	Diab due to undrl cond w diabetic prph angiopath w
E0859	Diabetes due to underlying condition w oth circula
E08610	Diabetes due to undrl cond w diabetic neuropathic
E08618	Diabetes due to underlying condition w oth diabeti
E08620	Diabetes due to underlying condition w diabetic de
E08621	Diabetes mellitus due to underlying condition w fo
E08622	Diabetes due to underlying condition w oth skin ul
E08628	Diabetes due to underlying condition w oth skin co
E08630	Diabetes due to underlying condition w periodontal
E08638	Diabetes due to underlying condition w oth oral co
E08641	Diabetes due to underlying condition w hypoglycemi
E08649	Diabetes due to underlying condition w hypoglycemi
E0865	Diabetes due to underlying condition w hyperglycem
E0869	Diabetes due to underlying condition w oth compli
E088	Diabetes due to underlying condition w unsp compli
E089	Diabetes due to underlying condition w/o complicat
E0900	Drug/chem diab w hyprosm w/o nonket hyprgly-hypros
E0901	Drug/chem diabetes mellitus w hyperosmolarity w co
E0910	Drug/chem diabetes mellitus w ketoacidosis w/o com
E0911	Drug/chem diabetes mellitus w ketoacidosis w coma
E0921	Drug/chem diabetes mellitus w diabetic nephropathy
E0922	Drug/chem diabetes w diabetic chronic kidney disea
E0929	Drug/chem diabetes w oth diabetic kidney complicat

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

E09311	Drug/chem diabetes w unsp diabetic rtnop w macular
E09319	Drug/chem diabetes w unsp diabetic rtnop w/o macul
E09321	Drug/chem diab w mild nonprtf diabetic rtnop w mac
E093211	DRUG/CHEM INDUCED DIAB MELLITUS MILD NPDR ME OD
E093212	DRUG/CHEM INDUCED DIAB MELLITUS MILD NPDR ME OS
E093213	DRUG/CHEM INDUCED DIAB MELLITUS MILD NPDR ME BIL
E093219	DRUG/CHEMICAL INDUCED DM MILD NPDR ME UNS EYE
E09329	Drug/chem diab w mild nonprtf diab rtnop w/o macul
E093291	DRUG/CHEM INDUCD DIAB MELLITUS MLD NPDR WO ME OD
E093292	DRUG/CHEM INDUCD DIAB MELLITUS MLD NPDR WO ME OS
E093293	DRUG/CHM INDUCD DIAB MELLITUS MILD NPDR WO ME BL
E093299	DRUG/CHEMICAL INDUCED DM MILD NPDR WO ME UNS EYE
E09331	Drug/chem diab w moderate nonprtf diab rtnop w mac
E093311	DRUG/CHEM INDUCED DIAB MELLITUS MOD NPDR ME OD
E093312	DRUG/CHEM INDUCED DIAB MELLITUS MOD NPDR ME OS
E093313	DRUG/CHEM INDUCED DIAB MELLITUS MOD NPDR ME BIL
E093319	DRUG/CHEM INDUCD DIAB MELLITUS MOD NPDR ME UNS E
E09339	Drug/chem diab w mod nonprtf diab rtnop w/o macula
E093391	DRUG/CHEM INDUCD DIAB MELLITUS MOD NPDR NO ME OD
E093392	DRUG/CHEM INDUCD DIAB MELLITUS MOD NPDR NO ME OS
E093393	DRUG/CHEM INDUCD DIAB MELLITUS MOD NPDR WO ME BL
E093399	DRUG/CHM INDUCD DB MELLITUS MOD NPDR WO ME UNS E
E09341	Drug/chem diab w severe nonprtf diab rtnop w macul
E093411	DRUG/CHEM INDUCED DIAB MELLITUS SVR NPDR ME OD
E093412	DRUG/CHEM INDUCED DIAB MELLITUS SVR NPDR ME OS
E093413	DRUG/CHEM INDUCED DIAB MELLITUS SVR NPDR ME BIL
E093419	DRUG/CHEM INDUCD DB MELLITUS SVR NPDR ME UNS EYE
E09349	Drug/chem diab w severe nonprtf diab rtnop w/o mac
E093491	DRUG/CHEM INDUCD DIAB MELLITUS SVR NPDR WO ME OD
E093492	DRUG/CHEM INDUCD DIAB MELLITUS SVR NPDR WO ME OS
E093493	DRUG/CHEM INDUCD DIAB MELLITUS SVR NPDR WO ME BL
E093499	DRUG/CHEMICAL INDUCED DM SVR NPDR W/O ME UNS EYE
E09351	Drug/chem diabetes w prolif diabetic rtnop w macul
E093511	DRUG/CHEM INDUCD DIABETES MELLITUS PDR ME RT EYE
E093512	DRUG/CHEM INDUCD DIABETES MELLITUS PDR ME LT EYE
E093513	DRUG/CHEM INDUCD DIABETES MELLITUS PDR ME BILAT
E093519	DRUG/CHM INDUCD DIABETES MELLITUS PDR ME UNS EYE
E09352	DRUG/CHEM INDUCED DM PDR TRAC RET DET MACULA
E093521	DRUG/CHEM INDUCED DM PDR TRD INVLV MACULA RT EYE
E093522	DRUG/CHEM INDUCED DM PDR TRD INVLV MACULA LT EYE
E093523	DRUG/CHEM INDUCED DM PDR TRD INVLV MACULA BILAT
E093529	DRUG/CHEM INDUCD DM PDR TRD INVLV MACULA UNS EYE
E09353	DRUG/CHEM INDUCED DM PDR TRAC RET DET NOT MAC
E093531	DRUG/CHM INDUCD DIAB MELLITUS PDR TRD NOT MAC OD
E093532	DRUG/CHM INDUCD DIAB MELLITUS PDR TRD NOT MAC OS
E093533	DRUG/CHM INDUCD DIAB MELLITUS PDR TRD NOT MAC BL
E093539	DRUG/CHEMICAL INDUCED DM PDR TRD NOT MAC UNS EYE
E09354	RX/CHM IND DM W/PROLIF DM RET W/TRAC RET DET RRD
E093541	DRUG/CHEM INDUCED DM PDR COMB TRD & RRD RT EYE
E093542	DRUG/CHEM INDUCED DM PDR COMB TRD & RRD LT EYE
E093543	DRUG/CHEM INDUCED DM PDR COMB TRD & RRD BILAT
E093549	DRUG/CHEM INDUCED DM PDR COMB TRD & RRD UNS EYE
E09355	DRUG/CHEM INDUCED DM STABLE PROLIF DIABETIC RET
E093551	DRUG/CHEM INDUCD DIABETES MELLITUS STABLE PDR OD
E093552	DRUG/CHEM INDUCD DIABETES MELLITUS STABLE PDR OS
E093553	DRUG/CHEM INDUCD DIABETES MELLITUS STABLE PDR BL
E093559	DRUG/CHEM INDUCD DIAB MELLITUS STBLE PDR UNS EYE
E09359	Drug/chem diabetes w prolif diabetic rtnop w/o mac
E093591	DRUG/CHEM INDUCED DIABETES MELLITUS PDR WO ME OD
E093592	DRUG/CHEM INDUCED DIABETES MELLITUS PDR WO ME OS
E093593	DRUG/CHEM INDUCED DIABETES MELLITUS PDR WO ME BL
E093599	DRUG/CHEM INDUCD DIAB MELLITUS PDR NO ME UNS EYE
E0936	Drug/chem diabetes mellitus w diabetic cataract
E0937	DRUG/CHEM INDUCED DM DIAB MAC EDEMA RSLVD FLW TX
E0937X1	DRUG/CHM INDUCD DB MELLITUS DME RESLVD FLW TX OD
E0937X2	DRUG/CHM INDUCD DB MELLITUS DME RESLVD FLW TX OS
E0937X3	DRUG/CHM INDUCD DB MELLITUS DME RESLVD FLW TX BL
E0937X9	DRUG/CHEM INDUCED DM DME RESOLVED FLW TX UNS EYE
E0939	Drug/chem diabetes w oth diabetic ophthalmic compl
E0940	Drug/chem diabetes w neuro comp w diabetic neuropa
E0941	Drug/chem diabetes w neuro comp w diabetic mononeu
E0942	Drug/chem diabetes w neurological comp w diabetic
E0943	Drug/chem diab w neuro comp w diab autonm (poly)ne
E0944	Drug/chem diabetes w neurological comp w diabetic
E0949	Drug/chem diabetes w neuro comp w oth diabetic neu
E0951	Drug/chem diabetes w diabetic prph angiopath w/o g
E0952	Drug/chem diabetes w diabetic prph angiopath w gan
E0959	Drug/chem diabetes mellitus w oth circulatory comp
E09610	Drug/chem diabetes w diabetic neuropathic arthrop
E09618	Drug/chem diabetes mellitus w oth diabetic arthrop
E09620	Drug/chem diabetes mellitus w diabetic dermatitis
E09621	Drug or chemical induced diabetes mellitus with fo
E09622	Drug or chemical induced diabetes mellitus w oth s
E09628	Drug/chem diabetes mellitus w oth skin complicatio
E09630	Drug/chem diabetes mellitus w periodontal disease
E09638	Drug/chem diabetes mellitus w oth oral complicatio
E09641	Drug/chem diabetes mellitus w hypoglycemia w coma
E09649	Drug/chem diabetes mellitus w hypoglycemia w/o com
E0965	Drug or chemical induced diabetes mellitus w hyper
E0969	Drug/chem diabetes mellitus w oth complication
E098	Drug/chem diabetes mellitus w unsp complications
E099	Drug or chemical induced diabetes mellitus w/o com
E1010	Type 1 diabetes mellitus with ketoacidosis without
E1011	Type 1 diabetes mellitus with ketoacidosis with co
E1021	Type 1 diabetes mellitus with diabetic nephropathy
E1022	Type 1 diabetes mellitus w diabetic chronic kidney
E1029	Type 1 diabetes mellitus w oth diabetic kidney com
E10311	Type 1 diabetes w unsp diabetic retinopathy w macu
E10319	Type 1 diabetes w unsp diabetic rtnop w/o macular
E10321	Type 1 diab w mild nonprtf diabetic rtnop w macula
E103211	TYPE 1 DIAB MELLITUS MILD NPDR MACULAR EDEMA OD
E103212	TYPE 1 DIAB MELLITUS MILD NPDR MACULAR EDEMA OS
E103213	TYPE 1 DIAB MELLITUS MILD NPDR MACULAR EDEMA BIL
E103219	TYPE 1 DIAB MELLITUS MILD NPDR MAC EDEMA UNS EYE
E10329	Type 1 diab w mild nonprtf diabetic rtnop w/o macu
E103291	TYPE 1 DIAB MELLITUS MILD NPDR W/O MAC EDEMA OD
E103292	TYPE 1 DIAB MELLITUS MILD NPDR W/O MAC EDEMA OS
E103293	TYPE 1 DIAB MELLITUS MILD NPDR W/O MAC EDEMA BIL
E103299	TYPE 1 DB MELLITUS MLD NPDR WO MAC EDEMA UNS EYE
E10331	Type 1 diab w moderate nonprtf diab rtnop w macula

E103311	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA OD
E103312	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA OS
E103313	TYPE 1 DIAB MELLITUS MOD NPDR MACULAR EDEMA BIL
E103319	TYPE 1 DB MELLITUS MOD NPDR MACULAR EDMA UNS EYE
E10339	Type 1 diab w moderate nonprtf diab rtnop w/o macu
E103391	TYPE 1 DIAB MELLITUS MOD NPDR W/O MAC EDEMA OD
E103392	TYPE 1 DIAB MELLITUS MOD NPDR W/O MAC EDEMA OS
E103393	TYPE 1 DIAB MELLITUS MOD NPDR W/O MAC EDEMA BIL
E103399	TYPE 1 DIAB MELLITUS MOD NPDR W/O MAC ED UNS EYE
E10341	Type 1 diab w severe nonprlf diabetic rtnop w macu
E103411	TYPE 1 DIAB MELLITUS SVR NPDR MACULAR EDEMA OD
E103412	TYPE 1 DIAB MELLITUS SVR NPDR MACULAR EDEMA OS
E103413	TYPE 1 DIAB MELLITUS SVR NPDR MACULAR EDEMA BIL
E103419	TYPE 1 DIAB MELLITUS SVR NPDR MAC EDEMA UNS EYE
E10349	Type 1 diab w severe nonprlf diab rtnop w/o macula
E103491	TYPE 1 DIAB MELLITUS SVR NPDR W/O MAC EDEMA OD
E103492	TYPE 1 DIAB MELLITUS SVR NPDR W/O MAC EDEMA OS
E103493	TYPE 1 DIAB MELLITUS SVR NPDR W/O MAC EDEMA BIL
E103499	TYPE 1 DB MELLITUS SVR NPDR W/O MAC EDMA UNS EYE
E10351	Type 1 diabetes w prolif diabetic rtnop w macular
E103511	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA OD
E103512	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA OS
E103513	TYPE 1 DIABETES MELLITUS PDR MACULAR EDEMA BILAT
E103519	TYPE 1 DIAB MELLITUS PDR MACULAR EDEMA UNS EYE
E10352	TYPE 1 DIAB MELLITUS PDR TRAC RETINAL DET MACULA
E103521	TYPE 1 DIABETES MELLITUS PDR TRD INVLV MACULA OD
E103522	TYPE 1 DIABETES MELLITUS PDR TRD INVLV MACULA OS
E103523	TYPE 1 DIABETES MELLITUS PDR TRD INVLV MACULA BL
E103529	TYPE 1 DIAB MELLITUS PDR TRD INV MACULA UNS EYE
E10353	TYPE 1 DIAB MELLITUS PDR TRAC RET DET NOT MACULA
E103531	TYPE 1 DIAB MELLITUS PDR TRD NOT INVLV MACULA OD
E103532	TYPE 1 DIAB MELLITUS PDR TRD NOT INVLV MACULA OS
E103533	TYPE 1 DIAB MELLITUS PDR TRD NOT INVLV MACULA BL
E103539	TYPE 1 DIAB MELLITUS PDR TRD NOT MACULA UNS EYE
E10354	TYPE 1 DIAB MELLITUS PDR COMB TRAC RET DET & RRD
E103541	TYPE 1 DIABETES MELLITUS PDR COMB TRD & RRD OD
E103542	TYPE 1 DIABETES MELLITUS PDR COMB TRD & RRD OS
E103543	TYPE 1 DIABETES MELLITUS PDR COMB TRD & RRD BIL
E103549	TYPE 1 DIAB MELLITUS PDR COMB TRD & RRD UNS EYE
E10355	TYPE 1 DIAB MELLITUS STABLE PROLIF DIABETIC RP
E103551	TYPE 1 DIABETES MELLITUS STABLE PDR RIGHT EYE
E103552	TYPE 1 DIABETES MELLITUS STABLE PDR LEFT EYE
E103553	TYPE 1 DIABETES MELLITUS STABLE PDR BILATERAL
E103559	TYPE 1 DIABETES MELLITUS STABLE PDR UNSPEC EYE
E10359	Type 1 diabetes w prolif diabetic rtnop w/o macula
E103591	TYPE 1 DIABETES MELLITUS PDR WO MACULAR EDEMA OD
E103592	TYPE 1 DIABETES MELLITUS PDR WO MACULAR EDEMA OS
E103593	TYPE 1 DIABETES MELLITUS PDR WO MACULAR EDEMA BL
E103599	TYPE 1 DIAB MELLITUS PDR WO MACULAR EDMA UNS EYE
E1036	Type 1 diabetes mellitus with diabetic cataract
E1037	TYPE 1 DIAB MELLITUS DIAB MAC EDEMA RSLVD FLW TX
E1037X1	TYPE 1 DIABETES MELLITUS DME RESLVD FOLLOW TX OD
E1037X2	TYPE 1 DIABETES MELLITUS DME RESLVD FOLLOW TX OS
E1037X3	TYPE 1 DIABETES MELLITUS DME RESLVD FOLLOW TX BL
E1037X9	TYPE 1 DIAB MELLITUS DME RESOLVED FLW TX UNS EYE
E1039	Type 1 diabetes w oth diabetic ophthalmic complica
E1040	Type 1 diabetes mellitus with diabetic neuropathy,
E1041	Type 1 diabetes mellitus with diabetic mononeuropo
E1042	Type 1 diabetes mellitus with diabetic polyneuropo
E1043	Type 1 diabetes w diabetic autonomic (poly)neuropo
E1044	Type 1 diabetes mellitus with diabetic amyotrophy
E1049	Type 1 diabetes w oth diabetic neurological compli
E1051	Type 1 diabetes w diabetic peripheral angiopath w/
E1052	Type 1 diabetes w diabetic peripheral angiopathy w
E1059	Type 1 diabetes mellitus with oth circulatory comp
E10610	Type 1 diabetes mellitus w diabetic neuropathic ar
E10618	Type 1 diabetes mellitus with other diabetic arthr
E10620	Type 1 diabetes mellitus with diabetic dermatitis
E10621	Type 1 diabetes mellitus with foot ulcer
E10622	Type 1 diabetes mellitus with other skin ulcer
E10628	Type 1 diabetes mellitus with other skin complicat
E10630	Type 1 diabetes mellitus with periodontal disease
E10638	Type 1 diabetes mellitus with other oral complicat
E10641	Type 1 diabetes mellitus with hypoglycemia with co
E10649	Type 1 diabetes mellitus with hypoglycemia without
E1065	Type 1 diabetes mellitus with hyperglycemia
E1069	Type 1 diabetes mellitus with other specified comp
E108	Type 1 diabetes mellitus with unspecified complica
E109	Type 1 diabetes mellitus without complications
E110	Type 2 diabetes mellitus with ketoacidosis without
E1100	Type 2 diab w hyprosm w/o nonket hyprgly-hypros co
E1101	Type 2 diabetes mellitus with hyperosmolarity with
E1110	Type 2 diabetes mellitus with ketoacidosis without
E1111	Type 2 diabetes mellitus with ketoacidosis with co
E1121	Type 2 diabetes mellitus with diabetic nephropathy
E1122	Type 2 diabetes mellitus w diabetic chronic kidney
E1129	Type 2 diabetes mellitus w oth diabetic kidney com
E11311	Type 2 diabetes w unsp diabetic retinopathy w macu
E11319	Type 2 diabetes w unsp diabetic rtnop w/o macular
E11321	Type 2 diab w mild nonprtf diabetic rtnop w macula
E113211	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OD
E113212	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED OS
E113213	TYPE 2 DIABETES MELLITUS MILD NPD MACULAR ED BIL
E113219	TYPE 2 DIAB MELLITUS MILD NPD MACULAR ED UNS EYE
E11329	Type 2 diab w mild nonprtf diabetic rtnop w/o macu
E113291	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED OD
E113292	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED OS
E113293	TYPE 2 DIABETES MELLITUS MILD NPDR W/O MAC ED BL
E113299	TYPE 2 DIABETES MELLITUS MLD NPDR W/O ME UNS EYE
E11331	Type 2 diab w moderate nonprtf diab rtnop w macula
E113311	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OD
E113312	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED OS
E113313	TYPE 2 DIABETES MELLITUS MOD NPDR MACULAR ED BIL
E113319	TYPE 2 DIABETES MELLITUS MOD NPDR MAC ED UNS EYE
E11339	Type 2 diab w moderate nonprtf diab rtnop w/o macu
E113391	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED OD
E113392	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED OS
E113393	TYPE 2 DIABETES MELLITUS MOD NPDR W/O MAC ED BIL
E113399	TYPE 2 DIABETES MELLITUS MOD NPDR W/O ME UNS EYE
E11341	Type 2 diab w severe nonprtf diabetic rtnop w macu

E113411	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OD
E113412	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED OS
E113413	TYPE 2 DIABETES MELLITUS SVR NPDR MACULAR ED BIL
E113419	TYPE 2 DIABETES MELLITUS SVR NPDR MAC ED UNS EYE
E11349	Type 2 diab w severe nonprtf diab rtnop w/o macula
E113491	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED OD
E113492	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED OS
E113493	TYPE 2 DIABETES MELLITUS SVR NPDR W/O MAC ED BIL
E113499	TYPE 2 DIABETES MELLITUS SVR NPDR W/O ME UNS EYE
E11351	Type 2 diabetes w prolif diabetic rtnop w macular
E113511	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OD
E113512	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA OS
E113513	TYPE 2 DIABETES MELLITUS PDR MACULAR EDEMA BILAT
E113519	TYPE 2 DIABETES MELLITUS PDR MACULAR ED UNS EYE
E11352	TYPE 2 DIAB MELLITUS PDR TRAC RETINAL DET MACULA
E113521	TYPE 2 DIABETES MELLITUS PDR TRD INVLV MACULA OD
E113522	TYPE 2 DIABETES MELLITUS PDR TRD INVLV MACULA OS
E113523	TYPE 2 DIABETES MELLITUS PDR TRD INVLV MACULA BL
E113529	TYPE 2 DIAB MELLITUS PDR TRD INV MACULAR UNS EYE
E11353	TYPE 2 DIAB MELLITUS PDR TRAC RET DET NOT MACULA
E113531	TYPE 2 DIAB MELLITUS PDR TRD NOT INVLV MACULA OD
E113532	TYPE 2 DIAB MELLITUS PDR TRD NOT INVLV MACULA OS
E113533	TYPE 2 DIAB MELLITUS PDR TRD NOT INVLV MACULA BL
E113539	TYPE 2 DB MELLITUS PDR TRD NOT INVLV MAC UNS EYE
E11354	TYPE 2 DIAB MELLITUS PDR COMB TRAC RET DET & RRD
E113541	TYPE 2 DIABETES MELLITUS PDR COMB TRD & RRD OD
E113542	TYPE 2 DIABETES MELLITUS PDR COMB TRD & RRD OS
E113543	TYPE 2 DIABETES MELLITUS PDR COMB TRD & RRD BIL
E113549	TYPE 2 DIAB MELLITUS PDR COMB TRD & RRD UNS EYE
E11355	TYPE 2 DIAB MELLITUS STABLE PROLIF DIABETIC RP
E113551	TYPE 2 DIABETES MELLITUS STABLE PDR RIGHT EYE
E113552	TYPE 2 DIABETES MELLITUS STABLE PDR LEFT EYE
E113553	TYPE 2 DIABETES MELLITUS STABLE PDR BILATERAL
E113559	TYPE 2 DIABETES MELLITUS STABLE PDR UNSPEC EYE
E11359	Type 2 diabetes w prolif diabetic rtnop w/o macula
E113591	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED OD
E113592	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED OS
E113593	TYPE 2 DIABETES MELLITUS PDR W/O MACULAR ED BIL
E113599	TYPE 2 DIABETES MELLITUS PDR W/O MAC ED UNS EYE
E1136	Type 2 diabetes mellitus with diabetic cataract
E1137	TYPE 2 DIAB MELLITUS DIAB MAC EDEMA RSLVD FLW TX
E1137X1	TYPE 2 DIABETES MELLITUS DIAB ME RSLVD FLW TX OD
E1137X2	TYPE 2 DIABETES MELLITUS DIAB ME RSLVD FLW TX OS
E1137X3	TYPE 2 DIABETES MELLITUS DIAB ME RSLVD FLW TX BL
E1137X9	TYPE 2 DIAB MELLITUS DB ME RSLVD FLW TX UNS EYE
E1139	Type 2 diabetes w oth diabetic ophthalmic complica
E1140	Type 2 diabetes mellitus with diabetic neuropathy,
E1141	Type 2 diabetes mellitus with diabetic mononeuropa
E1142	Type 2 diabetes mellitus with diabetic polyneuropa
E1143	Type 2 diabetes w diabetic autonomic (poly)neuropa
E1144	Type 2 diabetes mellitus with diabetic amyotrophy
E1149	Type 2 diabetes w oth diabetic neurological compli
E1151	Type 2 diabetes w diabetic peripheral angiopath w/
E1152	Type 2 diabetes w diabetic peripheral angiopathy w
E1159	Type 2 diabetes mellitus with oth circulatory comp
E1161	Type 2 Diabetes Mellitus with Diabetic Arthropathy
E11610	Type 2 diabetes mellitus w diabetic neuropathic ar
E11618	Type 2 diabetes mellitus with other diabetic arthr
E11620	Type 2 diabetes mellitus with diabetic dermatitis
E11621	Type 2 diabetes mellitus with foot ulcer
E11622	Type 2 diabetes mellitus with other skin ulcer
E11628	Type 2 diabetes mellitus with other skin complicat
E11630	Type 2 diabetes mellitus with periodontal disease
E11638	Type 2 diabetes mellitus with other oral complicat
E11641	Type 2 diabetes mellitus with hypoglycemia with co
E11649	Type 2 diabetes mellitus with hypoglycemia without
E1165	Type 2 diabetes mellitus with hyperglycemia
E1169	Type 2 diabetes mellitus with other specified comp
E118	Type 2 diabetes mellitus with unspecified complica
E119	Type 2 diabetes mellitus without complications
E1300	Oth diab w hyprosm w/o nonket hyprgly-hypros coma
E1301	Oth diabetes mellitus with hyperosmolarity with co
E1310	Oth diabetes mellitus with ketoacidosis without co
E1311	Oth diabetes mellitus with ketoacidosis with coma
E1321	Other specified diabetes mellitus with diabetic ne
E1322	Oth diabetes mellitus with diabetic chronic kidney
E1329	Oth diabetes mellitus with oth diabetic kidney com
E13311	Oth diabetes w unsp diabetic retinopathy w macular
E13319	Oth diabetes w unsp diabetic retinopathy w/o macul
E13321	Oth diabetes w mild nonprtf diabetic rtnop w macul
E133211	OTHER SPEC DIABETES MELLITUS MILD NPDR MAC ED OD
E133212	OTHER SPEC DIABETES MELLITUS MILD NPDR MAC ED OS
E133213	OTHER SPEC DIABETES MELLITUS MILD NPDR MAC ED BL
E133219	OTHER SPEC DIABETES MELLITUS MLD NPDR ME UNS EYE
E13329	Oth diabetes w mild nonprtf diabetic rtnop w/o mac
E133291	OTHER SPEC DIABETES MELLITUS MILD NPDR W/O ME OD
E133292	OTHER SPEC DIABETES MELLITUS MILD NPDR W/O ME OS
E133293	OTHER SPEC DIABETES MELLITUS MILD NPDR W/O ME BL
E133299	OTHER SPEC DIAB MELLITUS MLD NPDR W/O ME UNS EYE
E13331	Oth diab w moderate nonprtf diabetic rtnop w macul
E133311	OTHER SPEC DIABETES MELLITUS MOD NPDR MAC ED OD
E133312	OTHER SPEC DIABETES MELLITUS MOD NPDR MAC ED OS
E133313	OTHER SPEC DIABETES MELLITUS MOD NPDR MAC ED BIL
E133319	OTHER SPEC DIABETES MELLITUS MOD NPDR ME UNS EYE
E13339	Oth diab w moderate nonprtf diabetic rtnop w/o mac
E133391	OTHER SPEC DIABETES MELLITUS MOD NPDR W/O ME OD
E133392	OTHER SPEC DIABETES MELLITUS MOD NPDR W/O ME OS
E133393	OTHER SPEC DIABETES MELLITUS MOD NPDR W/O ME BIL
E133399	OTHER SPEC DIAB MELLITUS MOD NPDR W/O ME UNS EYE
E13341	Oth diabetes w severe nonprtf diabetic rtnop w mac
E133411	OTHER SPEC DIABETES MELLITUS SEVERE NPDR ME OD
E133412	OTHER SPEC DIABETES MELLITUS SEVERE NPDR ME OS
E133413	OTHER SPEC DIABETES MELLITUS SEVERE NPDR ME BIL
E133419	OTHER SPEC DIAB MELLITUS SEVERE NPDR ME UNS EYE
E13349	Oth diab w severe nonprtf diabetic rtnop w/o macul
E133491	OTHER SPEC DIABETES MELLITUS SVR NPDR W/O ME OD
E133492	OTHER SPEC DIABETES MELLITUS SVR NPDR W/O ME OS
E133493	OTHER SPEC DIABETES MELLITUS SVR NPDR W/O ME BIL
E133499	OTHER SPEC DIAB MELLITUS SVR NPDR W/O ME UNS EYE
E13351	Oth diabetes w prolif diabetic retinopathy w macul

E133511	OTHER SPEC DIABETES MELLITUS PDR MACULR EDEMA OD
E133512	OTHER SPEC DIABETES MELLITUS PDR MACULR EDEMA OS
E133513	OTHER SPEC DIABETES MELLITUS PDR MACULR EDEMA BL
E133519	OTHER SPEC DB MELLITUS PDR MACULR EDEMA UNS EYE
E13352	OTHER SPEC DIAB MELLITUS PDR TRAC RET DET MACULA
E133521	OTHER SPEC DIAB MELLITUS PDR TRD INVLV MACULA OD
E133522	OTHER SPEC DIAB MELLITUS PDR TRD INVLV MACULA OS
E133523	OTHER SPEC DIAB MELLITUS PDR TRD INVLV MACULA BL
E133529	OTHER SPEC DIAB MELLITUS PDR TRD INV MAC UNS EYE
E13353	OTH SPEC DIAB MELLITUS PDR TRAC RET DET NOT MAC
E133531	OTH SPEC DIAB MELLITUS PDR TRD NOT INVLV MAC OD
E133532	OTH SPEC DIAB MELLITUS PDR TRD NOT INVLV MAC OS
E133533	OTH SPEC DIAB MELLITUS PDR TRD NOT INVLV MAC BIL
E133539	OTH SPEC DB MELLITUS PDR TRD NOT INV MAC UNS EYE
E13354	OTHER SPEC DIAB MELLITUS PDR COMB TRAC RD & RRD
E133541	OTHER SPEC DIAB MELLITUS PDR COMB TRD & RRD OD
E133542	OTHER SPEC DIAB MELLITUS PDR COMB TRD & RRD OS
E133543	OTHER SPEC DIAB MELLITUS PDR COMB TRD & RRD BIL
E133549	OTHER SPEC DM PDR COMBINED TRD & RRD UNS EYE
E13355	OTHER SPEC DIAB MELLITUS STABLE PROLIF DIAB RET
E133551	OTHER SPECIFIED DIABETES MELLITUS STABLE PDR OD
E133552	OTHER SPECIFIED DIABETES MELLITUS STABLE PDR OS
E133553	OTHER SPECIFIED DIABETES MELLITUS STABLE PDR BIL
E133559	OTHER SPEC DIABETES MELLITUS STABLE PDR UNS EYE
E13359	Oth diabetes w prolif diabetic retinopathy w/o mac
E133591	OTHER SPEC DIAB MELLITUS PDR W/O MACULAR ED OD
E133592	OTHER SPEC DIAB MELLITUS PDR W/O MACULAR ED OS
E133593	OTHER SPEC DIAB MELLITUS PDR W/O MACULAR ED BIL
E133599	OTHER SPEC DIABETES MELLITUS PDR W/O ME UNS EYE
E1336	Other specified diabetes mellitus with diabetic ca
E1337	OTH SPEC DIAB MELLITUS DIAB MAC ED RSLVD FLW TX
E1337X1	OTHER SPEC DM DIAB MAC EDEMA RSLVD FLW TX RT EYE
E1337X2	OTHER SPEC DM DIAB MAC EDEMA RSLVD FLW TX LT EYE
E1337X3	OTHER SPEC DM DIAB MAC EDEMA RSLVD FLW TX BILAT
E1337X9	OTH SPEC DM DIAB MAC EDEMA RSLVD FLW TX UNS EYE
E1339	Oth diabetes mellitus w oth diabetic ophthalmic co
E1340	Oth diabetes mellitus with diabetic neuropathy, un
E1341	Oth diabetes mellitus with diabetic mononeuropathy
E1342	Oth diabetes mellitus with diabetic polyneuropathy
E1343	Oth diabetes mellitus w diabetic autonomic (poly)n
E1344	Other specified diabetes mellitus with diabetic am
E1349	Oth diabetes w oth diabetic neurological complicat
E1351	Oth diabetes w diabetic peripheral angiopathy w/o
E1352	Oth diabetes w diabetic peripheral angiopathy w ga
E1359	Oth diabetes mellitus with other circulatory compl
E13610	Oth diabetes mellitus with diabetic neuropathic ar
E13618	Oth diabetes mellitus with other diabetic arthropo
E13620	Other specified diabetes mellitus with diabetic de
E13621	Other specified diabetes mellitus with foot ulcer
E13622	Other specified diabetes mellitus with other skin
E13628	Oth diabetes mellitus with other skin complication
E13630	Other specified diabetes mellitus with periodontal
E13638	Oth diabetes mellitus with other oral complication
E13641	Oth diabetes mellitus with hypoglycemia with coma
E13649	Oth diabetes mellitus with hypoglycemia without co
E1365	Other specified diabetes mellitus with hyperglycem
E1369	Oth diabetes mellitus with other specified complic
E138	Oth diabetes mellitus with unspecified complicatio
E139	Other specified diabetes mellitus without complica

Physical Appearance Limitation (Breast Cancer DX)

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
C44501	Unspecified malignant neoplasm of skin of breast	
C44509	Unspecified malignant neoplasm of skin of other part of trunk	
C50011	Malignant neoplasm of nipple and areola right female breast	
C50012	Malignant neoplasm of nipple and areola left female breast	
C50019	Malignant neoplasm of nipple and areola unspecified female breast	
C50021	Malignant neoplasm of nipple and areola right male breast	
C50022	Malignant neoplasm of nipple and areola left male breast	
C50029	Malignant neoplasm of nipple and areola unspecified male breast	
C50111	Malignant neoplasm of central portion of right female breast	
C50112	Malignant neoplasm of central portion of left female breast	
C50119	Malignant neoplasm of central portion of unspecified female breast	
C50121	Malignant neoplasm of central portion of right male breast	
C50122	Malignant neoplasm of central portion of left male breast	
C50129	Malignant neoplasm of central portion of unspecified male breast	
C50211	Malignant neoplasm of upper-inner quadrant of right female breast	
C50212	Malignant neoplasm of upper-inner quadrant of left female breast	
C50219	Malignant neoplasm of upper-inner quadrant of unspecified female breast	
C50221	Malignant neoplasm of upper-inner quadrant of right male breast	
C50222	Malignant neoplasm of upper-inner quadrant of left male breast	
C50229	Malignant neoplasm of upper-inner quadrant of unspecified male breast	
C50311	Malignant neoplasm of lower-inner quadrant of right female breast	
C50312	Malignant neoplasm of lower-inner quadrant of left female breast	
C50319	Malignant neoplasm of lower-inner quadrant of unspecified female breast	
C50321	Malignant neoplasm of lower-inner quadrant of right male breast	
C50322	Malignant neoplasm of lower-inner quadrant of left male breast	
C50329	Malignant neoplasm of lower-inner quadrant of unspecified male breast	
C50411	Malignant neoplasm of upper-outer quadrant of right female breast	
C50412	Malignant neoplasm of upper-outer quadrant of left female breast	
C50419	Malignant neoplasm of upper-outer quadrant of unspecified female breast	
C50421	Malignant neoplasm of upper-outer quadrant of right male breast	
C50422	Malignant neoplasm of upper-outer quadrant of left male breast	
C50429	Malignant neoplasm of upper-outer quadrant of unspecified male breast	
C50511	Malignant neoplasm of lower-outer quadrant of right female breast	
C50512	Malignant neoplasm of lower-outer quadrant of left female breast	
C50519	Malignant neoplasm of lower-outer quadrant of unspecified female breast	
C50521	Malignant neoplasm of lower-outer quadrant of right male breast	
C50522	Malignant neoplasm of lower-outer quadrant of left male breast	
C50529	Malignant neoplasm of lower-outer quadrant of unspecified male breast	
C50611	Malignant neoplasm of axillary tail of right female breast	
C50612	Malignant neoplasm of axillary tail of left female breast	
C50619	Malignant neoplasm of axillary tail of unspecified female breast	
C50621	Malignant neoplasm of axillary tail of right male breast	
C50622	Malignant neoplasm of axillary tail of left male breast	
C50629	Malignant neoplasm of axillary tail of unspecified male breast	
C50811	Malignant neoplasm of overlapping sites of right female breast	
C50812	Malignant neoplasm of overlapping sites of left female breast	
C50819	Malignant neoplasm of overlapping sites of unspecified female breast	
C50821	Malignant neoplasm of overlapping sites of right male breast	
C50822	Malignant neoplasm of overlapping sites of left male breast	
C50829	Malignant neoplasm of overlapping sites of unspecified male breast	
C50911	Malignant neoplasm of unspecified site of right female breast	
C50912	Malignant neoplasm of unspecified site of left female breast	
C50919	Malignant neoplasm of unspecified site of unspecified female breast	
C50921	Malignant neoplasm of unspecified site of right male breast	
C50922	Malignant neoplasm of unspecified site of left male breast	
C50929	Malignant neoplasm of unspecified site of unspecified male breast	
C792	Secondary malignant neoplasm of skin	
C7981	Secondary malignant neoplasm of breast	
D045	Carcinoma in situ of skin of trunk	
D0500	Lobular carcinoma in situ of unspecified breast	
D0501	Lobular carcinoma in situ of right breast	
D0502	Lobular carcinoma in situ of left breast	
D0510	Intraductal carcinoma in situ of unspecified breast	
D0511	Intraductal carcinoma in situ of right breast	
D0512	Intraductal carcinoma in situ of left breast	
D0580	Other specified type of carcinoma in situ of unspecified breast	
D0581	Other specified type of carcinoma in situ of right breast	
D0582	Other specified type of carcinoma in situ of left breast	
D0590	Unspecified type of carcinoma in situ of unspecified breast	
D0591	Unspecified type of carcinoma in situ of right breast	
D0592	Unspecified type of carcinoma in situ of left breast	
D241	Benign neoplasm of right breast	
D242	Benign neoplasm of left breast	
D249	Benign neoplasm of unspecified breast	
N6001	Solitary cyst of right breast	
N6002	Solitary cyst of left breast	
N6009	Solitary cyst of unspecified breast	
N6011	Diffuse cystic mastopathy of right breast	
N6012	Diffuse cystic mastopathy of left breast	
N6019	Diffuse cystic mastopathy of unspecified breast	
N6021	Fibroadenosis of right breast	
N6022	Fibroadenosis of left breast	
N6029	Fibroadenosis of unspecified breast	
N6031	Fibrosclerosis of right breast	
N6032	Fibrosclerosis of left breast	
N6039	Fibrosclerosis of unspecified breast	
N6041	Mammary duct ectasia of right breast	
N6042	Mammary duct ectasia of left breast	
N6049	Mammary duct ectasia of unspecified breast	
N6081	Other benign mammary dysplasias of right breast	
N6082	Other benign mammary dysplasias of left breast	
N6089	Other benign mammary dysplasias of unspecified breast	
N6091	Unspecified benign mammary dysplasia of right breast	
N6092	Unspecified benign mammary dysplasia of left breast	
N6099	Unspecified benign mammary dysplasia of unspecified breast	
Z1501	Genetic susceptibility to malignant neoplasm of breast	
Z421	Encounter for breast reconstruction following mastectomy	
Z803	Family history of malignant neoplasm of breast	
Z853	Personal history of malignant neoplasm of breast	

Photo Therapy

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
L80	VITILGO	

CODE IS EXCLUDED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S):

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description	CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST
L219	Seborrheic dermatitis, unspecified	
L700	Acne vulgaris	
L701	Acne conglobata	
L702	Acne varioliformis	
L703	Acne tropica	
L704	Infantile acne	
L705	Acne excoriee des jeunes filles	
L708	Other acne	
L709	Acne, unspecified	
L720	Epidermal cyst	
L722	Steatocystoma multiplex	
L723	Sebaceous cyst	
L728	Other follicular cysts of the skin and subcutaneou	
L729	Follicular cyst of the skin and subcutaneous tissue	
L730	Acne keloid	
L731	Pseudofolliculitis barbae	
L732	Hidradenitis suppurativa	
L738	Other specified follicular disorders	
L739	Follicular disorder, unspecified	
L853	Xerosis cutis	

RSV Limitation

CODE IS ALLOWED WHEN SUBMITTED IN CONJUNCTION WITH ANY OF THE FOLLOWING DIAGNOSIS CODE(S) or the member is 60 years of age or older:

Please note, when searching for a diagnosis code, do not include any dots or periods

Diagnosis Code	Diagnosis code description
0000	Abdominal pregnancy
0000	Abdominal pregnancy without intrauterine pregnancy
0001	Abdominal pregnancy with intrauterine pregnancy
0001	Tubal pregnancy
000101	Right tubal pregnancy without intrauterine pregnancy
000102	Left tubal pregnancy without intrauterine pregnancy
000109	Unspecified tubal pregnancy without intrauterine pregnancy
000111	Right tubal pregnancy with intrauterine pregnancy
000112	Left tubal pregnancy with intrauterine pregnancy
000119	Unspecified tubal pregnancy with intrauterine pregnancy
0002	Ovarian pregnancy
000201	Right ovarian pregnancy without intrauterine pregnancy
000202	Left ovarian pregnancy without intrauterine pregnancy
000209	Unspecified ovarian pregnancy without intrauterine pregnancy
000211	Right ovarian pregnancy with intrauterine pregnancy
000212	Left ovarian pregnancy with intrauterine pregnancy
000219	Unspecified ovarian pregnancy with intrauterine pregnancy
0008	Other ectopic pregnancy
00080	Other ectopic pregnancy without intrauterine pregnancy
00081	Other ectopic pregnancy with intrauterine pregnancy
0009	Ectopic pregnancy, unspecified
00090	Unspecified ectopic pregnancy without intrauterine pregnancy
00091	Unspecified ectopic pregnancy with intrauterine pregnancy
0010	Classical hydatidiform mole
0011	Incomplete and partial hydatidiform mole
0019	Hydatidiform mole, unspecified
0020	Blighted ovum and nonhydatidiform mole
0021	Missed abortion
00281	Inaprop chg quantitav hCG in early pregnancy
00289	Other abnormal products of conception
0029	Abnormal product of conception, unspecified
0030	Genitt trct and pelvic infection fol incompl spon a
0031	Delayed or excessive hemor following incompl spon a
0032	Embolism following incomplete spontaneous abortion
00330	Unsp complication following incomplete spontaneous
00331	Shock following incomplete spontaneous abortion
00332	Renal failure following incomplete spontaneous abo
00333	Metabolic disorder following incomplete spontaneou
00334	Damage to pelvic organs following incomplete spon
00335	Oth venous comp following incomplete spontaneous a
00336	Cardiac arrest following incomplete spontaneous ab
00337	Sepsis following incomplete spontaneous abortion
00338	Urinary tract infection following incomplete spon
00339	Incomplete spontaneous abortion with other complic
0034	Incomplete spontaneous abortion without complicati
0035	Genitt trct and pelvic infect fol complete or unsp
0036	Delayed or excess hemor fol complete or unsp spon
0037	Embolism following complete or unsp spontaneous ab
00380	Unsp comp following complete or unsp spontaneous a
00381	Shock following complete or unspecified spontaneou
00382	Renal failure following complete or unsp spon abor
00383	Metabolic disorder following complete or unsp spon
00384	Damage to pelvic organs fol complete or unsp spon
00385	Oth venous comp following complete or unsp spon ab
00386	Cardiac arrest following complete or unsp spon abo
00387	Sepsis following complete or unsp spontaneous abor
00388	Urinary tract infection fol complete or unsp spon
00389	Complete or unsp spontaneous abortion with oth com
0039	Complete or unsp spontaneous abortion without comp
0045	Genitt trct and pelvic infect fol (induced) term of
0046	Delayed or excess hemor fol (induced) term of prag
0047	Embolism following (induced) termination of pregna
00480	(Induced) termination of pregnancy with unsp compl
00481	Shock following (induced) termination of pregnancy
00482	Renal failure following (induced) termination of p
00483	Metabolic disorder following (induced) term of pre
00484	Damage to pelvic organs fol (induced) term of prag
00485	Oth venous comp following (induced) termination of
00486	Cardiac arrest following (induced) termination of
00487	Sepsis following (induced) termination of pregnanc
00488	Urinary tract infection fol (induced) term of prag
00489	(Induced) termination of pregnancy with other comp
0070	Genitt trct and pelvic infect fol failed attempt te
0071	Delayed or excess hemor fol failed attempt term of
0072	Embolism following failed attempted termination of
00730	Failed attempted termination of pregnancy w unsp c
00731	Shock following failed attempted termination of pr
00732	Renal failure following failed attempted term of p
00733	Metabolic disorder fol failed attempt term of prag
00734	Damage to pelvic organs fol failed attempt term of
00735	Oth venous comp following failed attempted term of
00736	Cardiac arrest following failed attempted term of
00737	Sepsis following failed attempted termination of p
00738	Urinary tract infection fol failed attempt term of
00739	Failed attempted termination of pregnancy w oth co
0074	Failed attempted termination of pregnancy w/o comp
0080	Genitt trct and pelvic infect fol ectopic and molar
0081	Delayed or excess hemor fol ectopic and molar preg
0082	Embolism following ectopic and molar pregnancy
0083	Shock following ectopic and molar pregnancy
0084	Renal failure following ectopic and molar pregnanc
0085	Metabolic disorders following an ectopic and molar
0086	Damage to pelvic organs and tiss fol an ect and mo
0087	Oth venous comp following an ectopic and molar pre
00881	Cardiac arrest following an ectopic and molar preg
00882	Sepsis following ectopic and molar pregnancy
00883	Urinary tract infection fol an ectopic and molar p
00889	Other complications following an ectopic and molar
0089	Unsp complication following an ectopic and molar p
0090	Suprvn of preg w history of infertility, unsp tri
0091	Suprvn of preg w history of infertility, first tr
0092	Suprvn of preg w history of infertility, second t
0093	Suprvn of preg w history of infertility, third tr
00910	Suprvn of preg w history of ectopic or molar preg
00911	Suprvn of preg w history of ect or molar preg, fi
00912	Suprvn of preg w history of ect or molar preg, se
00913	Suprvn of preg w history of ect or molar preg, th
009211	Suprvn of preg w history of pre-term labor, first
009212	Suprvn of preg w history of pre-term labor, secon
009213	Suprvn of preg w history of pre-term labor, third
009219	Suprvn of preg w history of pre-term labor, unsp
009291	Suprvn of preg w poor reproductv or obstet hx, fir
009292	Suprvn of preg w poor reproductv or obstet hx, sec
009293	Suprvn of preg w poor reproductv or obstet hx, thi
009299	Suprvn of preg w poor reproductv or obstet history
00930	Suprvn of preg w insufficient antenat care, unsp
00931	Suprvn of preg w insufficient antenat care, first
00932	Suprvn of preg w insufficient antenat care, secon
00933	Suprvn of preg w insufficient antenat care, third
00940	Supervision of pregnancy w grand multiparity, unsp
00941	Suprvn of pregnancy w grand multiparity, first tr
00942	Suprvn of pregnancy w grand multiparity, second t
00943	Suprvn of pregnancy w grand multiparity, third tr
009511	Supervision of elderly primigravida, first trimest
009512	Supervision of elderly primigravida, second trimes
009513	Supervision of elderly primigravida, third trimest
009519	Supervision of elderly primigravida, unspecified t
009521	Supervision of elderly multigravida, first trimest
009522	Supervision of elderly multigravida, second trimes
009523	Supervision of elderly multigravida, third trimest
009529	Supervision of elderly multigravida, unspecified t
009611	Supervision of young primigravida, first trimester
009612	Supervision of young primigravida, second trimester
009613	Supervision of young primigravida, third trimestar
009619	Supervision of young primigravida, unspecified tri
009621	Supervision of young multigravida, first trimester
009622	Supervision of young multigravida, second trimeste
009623	Supervision of young multigravida, third trimester
009629	Supervision of young multigravida, unspecified tri
00970	Suprvn of high risk preg due to social problems,
00971	Suprvn of high risk preg due to social problems,
00972	Suprvn of high risk preg due to social problems,
00973	Suprvn of high risk preg due to social problems,
009811	Suprvn of preg rslt from assisted reproductv tech,
009812	Suprvn of preg rslt from assist reproductv tech, s
009813	Suprvn of preg rslt from assisted reproductv tech,
009819	Suprvn of preg rslt from assisted reproductv tech,
009821	Suprvn of preg w hx of in utero proc dur prev pre
009822	Suprvn of preg w hx of in utero proc dur prev pre
009823	Suprvn of preg w hx of in utero proc dur prev pre
009829	Suprvn of preg w hx of in utero proc dur prev pre
009891	Supervision of other high risk pregnancies, first
009892	Supervision of other high risk pregnancies, second
009893	Supervision of other high risk pregnancies, third
009899	Supervision of other high risk pregnancies, unsp t
00990	Supervision of high risk pregnancy, unsp, unsp tri
00991	Supervision of high risk pregnancy, unsp, first tr
00992	Supervision of high risk pregnancy, unsp, second t
00993	Supervision of high risk pregnancy, unsp, third tr
009A0	Supervision of pregnancy with history of molar pregnancy, unspecified trimester
009A1	Supervision of pregnancy with history of molar pregnancy, first trimester
009A2	Supervision of pregnancy with history of molar pregnancy, second trimester
009A3	Supervision of pregnancy with history of molar pregnancy, third trimester
01011	Pre-existing essential hypertension complicating pregnancy, first trimester
01012	Pre-existing essential hypertension complicating pregnancy, second trimester
01013	Pre-existing essential hypertension complicating pregnancy, third trimester
01019	Pre-existing essential hypertension complicating pregnancy, unspecified trimester
0102	Pre-existing essential hypertension complicating childbirth
0103	Pre-existing essential hypertension complicating the puerperium
010111	Pre-existing hypertensive heart disease complicating pregnancy, first trimester
010112	Pre-existing hypertensive heart disease complicating pregnancy, second trimester
010113	Pre-existing hypertensive heart disease complicating pregnancy, third trimester
010119	Pre-existing hypertensive heart disease complicating pregnancy, unspecified trimester
01012	Pre-existing hypertensive heart disease complicating childbirth
01013	Pre-existing hypertensive heart disease complicating the puerperium
010211	Pre-existing hypertensive chronic kidney disease complicating pregnancy, first trimester
010212	Pre-existing hypertensive chronic kidney disease complicating pregnancy, second trimester
010213	Pre-existing hypertensive chronic kidney disease complicating pregnancy, third trimester
010219	Pre-existing hypertensive chronic kidney disease complicating pregnancy, unspecified trimester

[CLICK HERE TO RETURN TO EXCLUDE-LIMITATION CODE LIST](#)

O1022	Pre-existing hypertensive chronic kidney disease complicating childbirth
O1023	Pre-existing hypertensive chronic kidney disease complicating the puerperium
O10311	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, first trimester
O10312	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, second trimester
O10313	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, third trimester
O10319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, unspecified trimester
O1032	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O1033	Pre-existing hypertensive heart and chronic kidney disease complicating the puerperium
O10411	Pre-existing secondary hypertension complicating pregnancy, first trimester
O10412	Pre-existing secondary hypertension complicating pregnancy, second trimester
O10413	Pre-existing secondary hypertension complicating pregnancy, third trimester
O10419	Pre-existing secondary hypertension complicating pregnancy, unspecified trimester
O1042	Pre-existing secondary hypertension complicating childbirth
O1043	Pre-existing secondary hypertension complicating the puerperium
O10911	Unspecified pre-existing hypertension complicating pregnancy, first trimester
O10912	Unspecified pre-existing hypertension complicating pregnancy, second trimester
O10913	Unspecified pre-existing hypertension complicating pregnancy, third trimester
O10919	Unspecified pre-existing hypertension complicating pregnancy, unspecified trimester
O1092	Unspecified pre-existing hypertension complicating childbirth
O1093	Unspecified pre-existing hypertension complicating the puerperium
O111	Pre-existing hypertension with pre-eclampsia, first trimester
O112	Pre-existing hypertension with pre-eclampsia, second trimester
O113	Pre-existing hypertension with pre-eclampsia, third trimester
O114	Pre-existing hypertension with pre-eclampsia, complicating childbirth
O115	Pre-existing hypertension with pre-eclampsia, complicating the puerperium
O119	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O120	Gestational edema, unspecified trimester
O121	Gestational edema, first trimester
O122	Gestational edema, second trimester
O123	Gestational edema, third trimester
O124	Gestational edema with proteinuria, unspecified trimester
O125	Gestational edema with proteinuria, first trimester
O1210	Gestational edema, complicating childbirth
O1211	Gestational edema, complicating the puerperium
O1212	Gestational proteinuria, unspecified trimester
O1213	Gestational proteinuria, first trimester
O1214	Gestational edema with proteinuria, second trimester
O1215	Gestational edema with proteinuria, third trimester
O1220	Gestational proteinuria, second trimester
O1221	Gestational proteinuria, third trimester
O1222	Gestational proteinuria, complicating childbirth
O1223	Gestational proteinuria, complicating the puerperium
O1224	Gestational edema with proteinuria, complicating childbirth
O1225	Gestational edema with proteinuria, complicating the puerperium
O131	Gestational [pregnancy-induced] hypertension without significant proteinuria, first trimester
O132	Gestational [pregnancy-induced] hypertension without significant proteinuria, second trimester
O133	Gestational [pregnancy-induced] hypertension without significant proteinuria, third trimester
O134	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating childbirth
O135	Gestational [pregnancy-induced] hypertension without significant proteinuria, complicating the puerperium
O139	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O140	Mild to moderate pre-eclampsia, unspecified trimester
O142	Mild to moderate pre-eclampsia, second trimester
O143	Mild to moderate pre-eclampsia, third trimester
O144	Mild to moderate pre-eclampsia, complicating childbirth
O145	Mild to moderate pre-eclampsia, complicating the puerperium
O1410	Severe pre-eclampsia, unspecified trimester
O1412	Severe pre-eclampsia, second trimester
O1413	Severe pre-eclampsia, third trimester
O1414	Severe pre-eclampsia complicating childbirth
O1415	Severe pre-eclampsia, complicating the puerperium
O1420	HELLP syndrome (HELLP), unspecified trimester
O1422	HELLP syndrome (HELLP), second trimester
O1423	HELLP syndrome (HELLP), third trimester
O1424	HELLP syndrome, complicating childbirth
O1425	HELLP syndrome, complicating the puerperium
O1490	Unspecified pre-eclampsia, unspecified trimester
O1492	Unspecified pre-eclampsia, second trimester
O1493	Unspecified pre-eclampsia, third trimester
O1494	Unspecified pre-eclampsia, complicating childbirth
O1495	Unspecified pre-eclampsia, complicating the puerperium
O150	Eclampsia complicating pregnancy, unspecified trimester
O152	Eclampsia complicating pregnancy, second trimester
O153	Eclampsia complicating pregnancy, third trimester
O151	Eclampsia complicating labor
O152	Eclampsia complicating the puerperium
O159	Eclampsia, unspecified as to time period
O161	Unspecified maternal hypertension, first trimester
O162	Unspecified maternal hypertension, second trimester
O163	Unspecified maternal hypertension, third trimester
O164	Unspecified maternal hypertension, complicating childbirth
O165	Unspecified maternal hypertension, complicating the puerperium
O169	Unspecified maternal hypertension, unspecified trimester
O200	Threatened abortion
O206	Other hemorrhage in early pregnancy
O209	Hemorrhage in early pregnancy, unspecified
O210	Mild hyperemesis gravidarum
O211	Hyperemesis gravidarum with metabolic disturbance
O212	Late vomiting of pregnancy
O218	Other vomiting complicating pregnancy
O219	Vomiting of pregnancy, unspecified
O220	Varicose veins of lower extremity in pregnancy, unspecified trimester
O221	Varicose veins of lower extremity in pregnancy, first trimester
O222	Varicose veins of lower extremity in pregnancy, second trimester
O223	Varicose veins of lower extremity in pregnancy, third trimester
O2210	Genital varices in pregnancy, unspecified trimester
O2211	Genital varices in pregnancy, first trimester
O2212	Genital varices in pregnancy, second trimester
O2213	Genital varices in pregnancy, third trimester
O2220	Superficial thrombophlebitis in pregnancy, unspecified trimester
O2221	Superficial thrombophlebitis in pregnancy, first trimester
O2222	Superficial thrombophlebitis in pregnancy, second trimester
O2223	Superficial thrombophlebitis in pregnancy, third trimester
O2230	Deep phlebotrombosis in pregnancy, unspecified trimester
O2231	Deep phlebotrombosis in pregnancy, first trimester
O2232	Deep phlebotrombosis in pregnancy, second trimester
O2233	Deep phlebotrombosis in pregnancy, third trimester
O2240	Hemorrhoids in pregnancy, unspecified trimester
O2241	Hemorrhoids in pregnancy, first trimester
O2242	Hemorrhoids in pregnancy, second trimester
O2243	Hemorrhoids in pregnancy, third trimester
O2250	Cerebral venous thrombosis in pregnancy, unspecified trimester
O2251	Cerebral venous thrombosis in pregnancy, first trimester
O2252	Cerebral venous thrombosis in pregnancy, second trimester
O2253	Cerebral venous thrombosis in pregnancy, third trimester
O228X1	Other venous complications in pregnancy, first trimester
O228X2	Other venous complications in pregnancy, second trimester
O228X3	Other venous complications in pregnancy, third trimester
O228X9	Other venous complications in pregnancy, unspecified trimester
O2290	Venous complication in pregnancy, unspecified, unspecified trimester
O2291	Venous complication in pregnancy, unspecified, first trimester
O2292	Venous complication in pregnancy, unspecified, second trimester
O2293	Venous complication in pregnancy, unspecified, third trimester
O230	Infections of kidney in pregnancy, unspecified trimester
O231	Infections of kidney in pregnancy, first trimester
O232	Infections of kidney in pregnancy, second trimester
O233	Infections of kidney in pregnancy, third trimester
O2310	Infections of bladder in pregnancy, unspecified trimester
O2311	Infections of bladder in pregnancy, first trimester
O2312	Infections of bladder in pregnancy, second trimester
O2313	Infections of bladder in pregnancy, third trimester
O2320	Infections of urethra in pregnancy, unspecified trimester
O2321	Infections of urethra in pregnancy, first trimester
O2322	Infections of urethra in pregnancy, second trimester
O2323	Infections of urethra in pregnancy, third trimester
O2330	Infections of other parts of urinary tract in pregnancy, unspecified trimester
O2331	Infections of other parts of urinary tract in pregnancy, first trimester
O2332	Infections of other parts of urinary tract in pregnancy, second trimester
O2333	Infections of other parts of urinary tract in pregnancy, third trimester
O2340	Unspecified infection of urinary tract in pregnancy, unspecified trimester
O2341	Unspecified infection of urinary tract in pregnancy, first trimester
O2342	Unspecified infection of urinary tract in pregnancy, second trimester
O2343	Unspecified infection of urinary tract in pregnancy, third trimester
O23511	Infections of cervix in pregnancy, first trimester
O23512	Infections of cervix in pregnancy, second trimester
O23513	Infections of cervix in pregnancy, third trimester
O23519	Infections of cervix in pregnancy, unspecified trimester
O23521	Salpingo-oophoritis in pregnancy, first trimester
O23522	Salpingo-oophoritis in pregnancy, second trimester
O23523	Salpingo-oophoritis in pregnancy, third trimester
O23529	Salpingo-oophoritis in pregnancy, unspecified trimester
O23591	Infection of other part of genital tract in pregnancy, first trimester
O23592	Infection of other part of genital tract in pregnancy, second trimester
O23593	Infection of other part of genital tract in pregnancy, third trimester
O23599	Infection of other part of genital tract in pregnancy, unspecified trimester
O2390	Unspecified genitourinary tract infection in pregnancy, unspecified trimester
O2391	Unspecified genitourinary tract infection in pregnancy, first trimester
O2392	Unspecified genitourinary tract infection in pregnancy, second trimester
O2393	Unspecified genitourinary tract infection in pregnancy, third trimester
O2411	Pre-existing type 1 diabetes mellitus, in pregnancy, first trimester
O2412	Pre-existing type 1 diabetes mellitus, in pregnancy, second trimester
O2413	Pre-existing type 1 diabetes mellitus, in pregnancy, third trimester
O2419	Pre-existing type 1 diabetes mellitus, in pregnancy, unspecified trimester
O242	Pre-existing type 1 diabetes mellitus, in childbirth
O243	Pre-existing type 1 diabetes mellitus, in the puerperium
O24111	Pre-existing type 2 diabetes mellitus, in pregnancy, first trimester
O24112	Pre-existing type 2 diabetes mellitus, in pregnancy, second trimester
O24113	Pre-existing type 2 diabetes mellitus, in pregnancy, third trimester
O24119	Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester
O2412	Pre-existing type 2 diabetes mellitus, in childbirth
O2413	Pre-existing type 2 diabetes mellitus, in the puerperium
O24311	Unspecified pre-existing diabetes mellitus in pregnancy, first trimester
O24312	Unspecified pre-existing diabetes mellitus in pregnancy, second trimester
O24313	Unspecified pre-existing diabetes mellitus in pregnancy, third trimester
O24319	Unspecified pre-existing diabetes mellitus in pregnancy, unspecified trimester
O2432	Unspecified pre-existing diabetes mellitus in childbirth
O2433	Unspecified pre-existing diabetes mellitus in the puerperium
O24410	Gestational diabetes mellitus in pregnancy, diet controlled
O24414	Gestational diabetes mellitus in pregnancy, insulin controlled
O24415	Gestational diabetes mellitus in pregnancy, controlled by oral hypoglycemic drugs
O24419	Gestational diabetes mellitus in pregnancy, unspecified control
O24420	Gestational diabetes mellitus in childbirth, diet controlled
O24424	Gestational diabetes mellitus in childbirth, insulin controlled
O24425	Gestational diabetes mellitus in childbirth, controlled by oral hypoglycemic drugs

024429	Gestational diabetes mellitus in childbirth, unspecified control
024430	Gestational diabetes mellitus in the puerperium, diet controlled
024434	Gestational diabetes mellitus in the puerperium, insulin controlled
024435	Gestational diabetes mellitus in puerperium, controlled by oral hypoglycemic drugs
024439	Gestational diabetes mellitus in the puerperium, unspecified control
024811	Other pre-existing diabetes mellitus in pregnancy, first trimester
024812	Other pre-existing diabetes mellitus in pregnancy, second trimester
024813	Other pre-existing diabetes mellitus in pregnancy, third trimester
024819	Other pre-existing diabetes mellitus in pregnancy, unspecified trimester
02482	Other pre-existing diabetes mellitus in childbirth
02483	Other pre-existing diabetes mellitus in the puerperium
024911	Unspecified diabetes mellitus in pregnancy, first trimester
024912	Unspecified diabetes mellitus in pregnancy, second trimester
024913	Unspecified diabetes mellitus in pregnancy, third trimester
024919	Unspecified diabetes mellitus in pregnancy, unspecified trimester
02492	Unspecified diabetes mellitus in childbirth
02493	Unspecified diabetes mellitus in the puerperium
02510	Malnutrition in pregnancy, unspecified trimester
02511	Malnutrition in pregnancy, first trimester
02512	Malnutrition in pregnancy, second trimester
02513	Malnutrition in pregnancy, third trimester
0252	Malnutrition in childbirth
0253	Malnutrition in the puerperium
0260	Excessive weight gain in pregnancy, unspecified trimester
0261	Excessive weight gain in pregnancy, first trimester
0262	Excessive weight gain in pregnancy, second trimester
0263	Excessive weight gain in pregnancy, third trimester
02610	Low weight gain in pregnancy, unspecified trimester
02611	Low weight gain in pregnancy, first trimester
02612	Low weight gain in pregnancy, second trimester
02613	Low weight gain in pregnancy, third trimester
02620	Pregnancy care for patient with recurrent pregnancy loss, unspecified trimester
02621	Pregnancy care for patient with recurrent pregnancy loss, first trimester
02622	Pregnancy care for patient with recurrent pregnancy loss, second trimester
02623	Pregnancy care for patient with recurrent pregnancy loss, third trimester
02630	Retained intrauterine contraceptive device in pregnancy, unspecified trimester
02631	Retained intrauterine contraceptive device in pregnancy, first trimester
02632	Retained intrauterine contraceptive device in pregnancy, second trimester
02633	Retained intrauterine contraceptive device in pregnancy, third trimester
02640	Herpes gestationis, unspecified trimester
02641	Herpes gestationis, first trimester
02642	Herpes gestationis, second trimester
02643	Herpes gestationis, third trimester
02650	Maternal hypotension syndrome, unspecified trimester
02651	Maternal hypotension syndrome, first trimester
02652	Maternal hypotension syndrome, second trimester
02653	Maternal hypotension syndrome, third trimester
026611	Liver and biliary tract disorders in pregnancy, first trimester
026612	Liver and biliary tract disorders in pregnancy, second trimester
026613	Liver and biliary tract disorders in pregnancy, third trimester
026619	Liver and biliary tract disorders in pregnancy, unspecified trimester
02662	Liver and biliary tract disorders in childbirth
02663	Liver and biliary tract disorders in the puerperium
026711	Subluxation of symphysis (pubis) in pregnancy, first trimester
026712	Subluxation of symphysis (pubis) in pregnancy, second trimester
026713	Subluxation of symphysis (pubis) in pregnancy, third trimester
026719	Subluxation of symphysis (pubis) in pregnancy, unspecified trimester
02672	Subluxation of symphysis (pubis) in childbirth
02673	Subluxation of symphysis (pubis) in the puerperium
026811	Pregnancy related exhaustion and fatigue, first trimester
026812	Pregnancy related exhaustion and fatigue, second trimester
026813	Pregnancy related exhaustion and fatigue, third trimester
026819	Pregnancy related exhaustion and fatigue, unspecified trimester
026821	Pregnancy related peripheral neuritis, first trimester
026822	Pregnancy related peripheral neuritis, second trimester
026823	Pregnancy related peripheral neuritis, third trimester
026829	Pregnancy related peripheral neuritis, unspecified trimester
026831	Pregnancy related renal disease, first trimester
026832	Pregnancy related renal disease, second trimester
026833	Pregnancy related renal disease, third trimester
026839	Pregnancy related renal disease, unspecified trimester
026841	Uterine size-date discrepancy, first trimester
026842	Uterine size-date discrepancy, second trimester
026843	Uterine size-date discrepancy, third trimester
026849	Uterine size-date discrepancy, unspecified trimester
026851	Spotting complicating pregnancy, first trimester
026852	Spotting complicating pregnancy, second trimester
026853	Spotting complicating pregnancy, third trimester
026859	Spotting complicating pregnancy, unspecified trimester
02686	Pruritic articular papules and plaques of pregnancy (PUPPP)
026872	Cervical shortening, second trimester
026873	Cervical shortening, third trimester
026879	Cervical shortening, unspecified trimester
026891	Other specified pregnancy related conditions, first trimester
026892	Other specified pregnancy related conditions, second trimester
026893	Other specified pregnancy related conditions, third trimester
026899	Other specified pregnancy related conditions, unspecified trimester
02690	Pregnancy related conditions, unspecified, unspecified trimester
02691	Pregnancy related conditions, unspecified, first trimester
02692	Pregnancy related conditions, unspecified, second trimester
02693	Pregnancy related conditions, unspecified, third trimester
0280	Abnormal hematological finding on antenatal screening of mother
0281	Abnormal biochemical finding on antenatal screening of mother
0282	Abnormal cytological finding on antenatal screening of mother
0283	Abnormal ultrasonic finding on antenatal screening of mother
0284	Abnormal radiological finding on antenatal screening of mother
0285	Abnormal chromosomal and genetic finding on antenatal screening of mother
0288	Other abnormal findings on antenatal screening of mother
0289	Unspecified abnormal findings on antenatal screening of mother
02911	Aspiration pneumonitis due to anesthesia during pregnancy, first trimester
02912	Aspiration pneumonitis due to anesthesia during pregnancy, second trimester
02913	Aspiration pneumonitis due to anesthesia during pregnancy, third trimester
02919	Aspiration pneumonitis due to anesthesia during pregnancy, unspecified trimester
02921	Pressure collapse of lung due to anesthesia during pregnancy, first trimester
02922	Pressure collapse of lung due to anesthesia during pregnancy, second trimester
02923	Pressure collapse of lung due to anesthesia during pregnancy, third trimester
02929	Pressure collapse of lung due to anesthesia during pregnancy, unspecified trimester
02991	Other pulmonary complications of anesthesia during pregnancy, first trimester
02992	Other pulmonary complications of anesthesia during pregnancy, second trimester
02993	Other pulmonary complications of anesthesia during pregnancy, third trimester
02999	Other pulmonary complications of anesthesia during pregnancy, unspecified trimester
029111	Cardiac arrest due to anesthesia during pregnancy, first trimester
029112	Cardiac arrest due to anesthesia during pregnancy, second trimester
029113	Cardiac arrest due to anesthesia during pregnancy, third trimester
029119	Cardiac arrest due to anesthesia during pregnancy, unspecified trimester
029121	Cardiac failure due to anesthesia during pregnancy, first trimester
029122	Cardiac failure due to anesthesia during pregnancy, second trimester
029123	Cardiac failure due to anesthesia during pregnancy, third trimester
029129	Cardiac failure due to anesthesia during pregnancy, unspecified trimester
029191	Other cardiac complications of anesthesia during pregnancy, first trimester
029192	Other cardiac complications of anesthesia during pregnancy, second trimester
029193	Other cardiac complications of anesthesia during pregnancy, third trimester
029199	Other cardiac complications of anesthesia during pregnancy, unspecified trimester
029211	Cerebral anoxia due to anesthesia during pregnancy, first trimester
029212	Cerebral anoxia due to anesthesia during pregnancy, second trimester
029213	Cerebral anoxia due to anesthesia during pregnancy, third trimester
029219	Cerebral anoxia due to anesthesia during pregnancy, unspecified trimester
029291	Other central nervous system complications of anesthesia during pregnancy, first trimester
029292	Other central nervous system complications of anesthesia during pregnancy, second trimester
029293	Other central nervous system complications of anesthesia during pregnancy, third trimester
029299	Other central nervous system complications of anesthesia during pregnancy, unspecified trimester
0293X1	Toxic reaction to local anesthesia during pregnancy, first trimester
0293X2	Toxic reaction to local anesthesia during pregnancy, second trimester
0293X3	Toxic reaction to local anesthesia during pregnancy, third trimester
0293X9	Toxic reaction to local anesthesia during pregnancy, unspecified trimester
02940	Spinal and epidural anesthesia induced headache during pregnancy, unspecified trimester
02941	Spinal and epidural anesthesia induced headache during pregnancy, first trimester
02942	Spinal and epidural anesthesia induced headache during pregnancy, second trimester
02943	Spinal and epidural anesthesia induced headache during pregnancy, third trimester
0295X1	Other complications of spinal and epidural anesthesia during pregnancy, first trimester
0295X2	Other complications of spinal and epidural anesthesia during pregnancy, second trimester
0295X3	Other complications of spinal and epidural anesthesia during pregnancy, third trimester
0295X9	Other complications of spinal and epidural anesthesia during pregnancy, unspecified trimester
02960	Failed or difficult intubation for anesthesia during pregnancy, unspecified trimester
02961	Failed or difficult intubation for anesthesia during pregnancy, first trimester
02962	Failed or difficult intubation for anesthesia during pregnancy, second trimester
02963	Failed or difficult intubation for anesthesia during pregnancy, third trimester
0298X1	Other complications of anesthesia during pregnancy, first trimester
0298X2	Other complications of anesthesia during pregnancy, second trimester
0298X3	Other complications of anesthesia during pregnancy, third trimester
0298X9	Other complications of anesthesia during pregnancy, unspecified trimester
02990	Unspecified complication of anesthesia during pregnancy, unspecified trimester
02991	Unspecified complication of anesthesia during pregnancy, first trimester
02992	Unspecified complication of anesthesia during pregnancy, second trimester
02993	Unspecified complication of anesthesia during pregnancy, third trimester
0301	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
0302	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
0303	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
0309	Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester
03011	Twin pregnancy, monochorionic/monoamniotic, first trimester
03012	Twin pregnancy, monochorionic/monoamniotic, second trimester
03013	Twin pregnancy, monochorionic/monoamniotic, third trimester
03019	Twin pregnancy, monochorionic/monoamniotic, unspecified trimester
03021	Conjoined twin pregnancy, first trimester
03022	Conjoined twin pregnancy, second trimester
03023	Conjoined twin pregnancy, third trimester
03029	Conjoined twin pregnancy, unspecified trimester
03031	Twin pregnancy, monochorionic/diamniotic, first trimester
03032	Twin pregnancy, monochorionic/diamniotic, second trimester
03033	Twin pregnancy, monochorionic/diamniotic, third trimester
03039	Twin pregnancy, monochorionic/diamniotic, unspecified trimester
03041	Twin pregnancy, dichorionic/diamniotic, first trimester
03042	Twin pregnancy, dichorionic/diamniotic, second trimester
03043	Twin pregnancy, dichorionic/diamniotic, third trimester
03049	Twin pregnancy, dichorionic/diamniotic, unspecified trimester
03091	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, first trimester
03092	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, second trimester
03093	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, third trimester
03099	Twin pregnancy, unable to determine number of placenta and number of amniotic sacs, unspecified trimester
030101	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, first trimester
030102	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, second trimester
030103	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, third trimester
030109	Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs, unspecified trimester

[illegible]

0318X24	Other complications specific to multiple gestation, second trimester, fetus 4
0318X25	Other complications specific to multiple gestation, second trimester, fetus 5
0318X29	Other complications specific to multiple gestation, second trimester, other fetus
0318X30	Other complications specific to multiple gestation, third trimester, not applicable or unspecified
0318X31	Other complications specific to multiple gestation, third trimester, fetus 1
0318X32	Other complications specific to multiple gestation, third trimester, fetus 2
0318X33	Other complications specific to multiple gestation, third trimester, fetus 3
0318X34	Other complications specific to multiple gestation, third trimester, fetus 4
0318X35	Other complications specific to multiple gestation, third trimester, fetus 5
0318X39	Other complications specific to multiple gestation, third trimester, other fetus
0318X90	Other complications specific to multiple gestation, unspecified trimester, not applicable or unspecified
0318X91	Other complications specific to multiple gestation, unspecified trimester, fetus 1
0318X92	Other complications specific to multiple gestation, unspecified trimester, fetus 2
0318X93	Other complications specific to multiple gestation, unspecified trimester, fetus 3
0318X94	Other complications specific to multiple gestation, unspecified trimester, fetus 4
0318X95	Other complications specific to multiple gestation, unspecified trimester, fetus 5
0318X99	Other complications specific to multiple gestation, unspecified trimester, other fetus
0320XX0	Maternal care for unstable lie, not applicable or unspecified
0320XX1	Maternal care for unstable lie, fetus 1
0320XX2	Maternal care for unstable lie, fetus 2
0320XX3	Maternal care for unstable lie, fetus 3
0320XX4	Maternal care for unstable lie, fetus 4
0320XX5	Maternal care for unstable lie, fetus 5
0320XX9	Maternal care for unstable lie, other fetus
0321XX0	Maternal care for breech presentation, not applicable or unspecified
0321XX1	Maternal care for breech presentation, fetus 1
0321XX2	Maternal care for breech presentation, fetus 2
0321XX3	Maternal care for breech presentation, fetus 3
0321XX4	Maternal care for breech presentation, fetus 4
0321XX5	Maternal care for breech presentation, fetus 5
0321XX9	Maternal care for breech presentation, other fetus
0322XX0	Maternal care for transverse and oblique lie, not applicable or unspecified
0322XX1	Maternal care for transverse and oblique lie, fetus 1
0322XX2	Maternal care for transverse and oblique lie, fetus 2
0322XX3	Maternal care for transverse and oblique lie, fetus 3
0322XX4	Maternal care for transverse and oblique lie, fetus 4
0322XX5	Maternal care for transverse and oblique lie, fetus 5
0322XX9	Maternal care for transverse and oblique lie, other fetus
0323XX0	Maternal care for face, brow and chin presentation, not applicable or unspecified
0323XX1	Maternal care for face, brow and chin presentation, fetus 1
0323XX2	Maternal care for face, brow and chin presentation, fetus 2
0323XX3	Maternal care for face, brow and chin presentation, fetus 3
0323XX4	Maternal care for face, brow and chin presentation, fetus 4
0323XX5	Maternal care for face, brow and chin presentation, fetus 5
0323XX9	Maternal care for face, brow and chin presentation, other fetus
0324XX0	Maternal care for high head at term, not applicable or unspecified
0324XX1	Maternal care for high head at term, fetus 1
0324XX2	Maternal care for high head at term, fetus 2
0324XX3	Maternal care for high head at term, fetus 3
0324XX4	Maternal care for high head at term, fetus 4
0324XX5	Maternal care for high head at term, fetus 5
0324XX9	Maternal care for high head at term, other fetus
0326XX0	Maternal care for compound presentation, not applicable or unspecified
0326XX1	Maternal care for compound presentation, fetus 1
0326XX2	Maternal care for compound presentation, fetus 2
0326XX3	Maternal care for compound presentation, fetus 3
0326XX4	Maternal care for compound presentation, fetus 4
0326XX5	Maternal care for compound presentation, fetus 5
0326XX9	Maternal care for compound presentation, other fetus
0328XX0	Maternal care for other malpresentation of fetus, not applicable or unspecified
0328XX1	Maternal care for other malpresentation of fetus, fetus 1
0328XX2	Maternal care for other malpresentation of fetus, fetus 2
0328XX3	Maternal care for other malpresentation of fetus, fetus 3
0328XX4	Maternal care for other malpresentation of fetus, fetus 4
0328XX5	Maternal care for other malpresentation of fetus, fetus 5
0328XX9	Maternal care for other malpresentation of fetus, other fetus
0329XX0	Maternal care for malpresentation of fetus, unspecified, not applicable or unspecified
0329XX1	Maternal care for malpresentation of fetus, unspecified, fetus 1
0329XX2	Maternal care for malpresentation of fetus, unspecified, fetus 2
0329XX3	Maternal care for malpresentation of fetus, unspecified, fetus 3
0329XX4	Maternal care for malpresentation of fetus, unspecified, fetus 4
0329XX5	Maternal care for malpresentation of fetus, unspecified, fetus 5
0329XX9	Maternal care for malpresentation of fetus, unspecified, other fetus
0330	Maternal care for disproportion due to deformity of maternal pelvic bones
0331	Maternal care for disproportion due to generally contracted pelvis
0332	Maternal care for disproportion due to inlet contraction of pelvis
0333XX0	Maternal care for disproportion due to outlet contraction of pelvis, not applicable or unspecified
0333XX1	Maternal care for disproportion due to outlet contraction of pelvis, fetus 1
0333XX2	Maternal care for disproportion due to outlet contraction of pelvis, fetus 2
0333XX3	Maternal care for disproportion due to outlet contraction of pelvis, fetus 3
0333XX4	Maternal care for disproportion due to outlet contraction of pelvis, fetus 4
0333XX5	Maternal care for disproportion due to outlet contraction of pelvis, fetus 5
0333XX9	Maternal care for disproportion due to outlet contraction of pelvis, other fetus
0334XX0	Maternal care for disproportion of mixed maternal and fetal origin, not applicable or unspecified
0334XX1	Maternal care for disproportion of mixed maternal and fetal origin, fetus 1
0334XX2	Maternal care for disproportion of mixed maternal and fetal origin, fetus 2
0334XX3	Maternal care for disproportion of mixed maternal and fetal origin, fetus 3
0334XX4	Maternal care for disproportion of mixed maternal and fetal origin, fetus 4
0334XX5	Maternal care for disproportion of mixed maternal and fetal origin, fetus 5
0334XX9	Maternal care for disproportion of mixed maternal and fetal origin, other fetus
0335XX0	Maternal care for disproportion due to unusually large fetus, not applicable or unspecified
0335XX1	Maternal care for disproportion due to unusually large fetus, fetus 1
0335XX2	Maternal care for disproportion due to unusually large fetus, fetus 2
0335XX3	Maternal care for disproportion due to unusually large fetus, fetus 3
0335XX4	Maternal care for disproportion due to unusually large fetus, fetus 4
0335XX5	Maternal care for disproportion due to unusually large fetus, fetus 5
0335XX9	Maternal care for disproportion due to unusually large fetus, other fetus
0336XX0	Maternal care for disproportion due to hydrocephalic fetus, not applicable or unspecified
0336XX1	Maternal care for disproportion due to hydrocephalic fetus, fetus 1
0336XX2	Maternal care for disproportion due to hydrocephalic fetus, fetus 2
0336XX3	Maternal care for disproportion due to hydrocephalic fetus, fetus 3
0336XX4	Maternal care for disproportion due to hydrocephalic fetus, fetus 4
0336XX5	Maternal care for disproportion due to hydrocephalic fetus, fetus 5
0336XX9	Maternal care for disproportion due to hydrocephalic fetus, other fetus
0337	Maternal care for disproportion due to oth fetal d
0337XX0	Maternal care for disproportion due to other fetal deformities, not applicable or unspecified
0337XX1	Maternal care for disproportion due to other fetal deformities, fetus 1
0337XX2	Maternal care for disproportion due to other fetal deformities, fetus 2
0337XX3	Maternal care for disproportion due to other fetal deformities, fetus 3
0337XX4	Maternal care for disproportion due to other fetal deformities, fetus 4
0337XX5	Maternal care for disproportion due to other fetal deformities, fetus 5
0337XX9	Maternal care for disproportion due to other fetal deformities, other fetus
0338	Maternal care for disproportion of other origin
0339	Maternal care for disproportion, unspecified
0340	Maternal care for unspecified congenital malformation of uterus, unspecified trimester
0341	Maternal care for unspecified congenital malformation of uterus, first trimester
0342	Maternal care for unspecified congenital malformation of uterus, second trimester
0343	Maternal care for unspecified congenital malformation of uterus, third trimester
03410	Maternal care for benign tumor of corpus uteri, unspecified trimester
03411	Maternal care for benign tumor of corpus uteri, first trimester
03412	Maternal care for benign tumor of corpus uteri, second trimester
03413	Maternal care for benign tumor of corpus uteri, third trimester
03421	Maternal care for scar from previous cesarean deli
034211	Maternal care for low transverse scar from previous cesarean delivery
034212	Maternal care for vertical scar from previous cesarean delivery
034218	Maternal care for other type scar from previous cesarean delivery
034219	Maternal care for unspecified type scar from previous cesarean delivery
03422	Maternal care for cesarean scar defect (isthmocela)
03429	Maternal care due to uterine scar from other previous surgery
03430	Maternal care for cervical incompetence, unspecified trimester
03431	Maternal care for cervical incompetence, first trimester
03432	Maternal care for cervical incompetence, second trimester
03433	Maternal care for cervical incompetence, third trimester
03440	Maternal care for other abnormalities of cervix, unspecified trimester
03441	Maternal care for other abnormalities of cervix, first trimester
03442	Maternal care for other abnormalities of cervix, second trimester
03443	Maternal care for other abnormalities of cervix, third trimester
034511	Maternal care for incarceration of gravid uterus, first trimester
034512	Maternal care for incarceration of gravid uterus, second trimester
034513	Maternal care for incarceration of gravid uterus, third trimester
034519	Maternal care for incarceration of gravid uterus, unspecified trimester
034521	Maternal care for prolapse of gravid uterus, first trimester
034522	Maternal care for prolapse of gravid uterus, second trimester
034523	Maternal care for prolapse of gravid uterus, third trimester
034529	Maternal care for prolapse of gravid uterus, unspecified trimester
034531	Maternal care for retroversion of gravid uterus, first trimester
034532	Maternal care for retroversion of gravid uterus, second trimester
034533	Maternal care for retroversion of gravid uterus, third trimester
034539	Maternal care for retroversion of gravid uterus, unspecified trimester
034591	Maternal care for other abnormalities of gravid uterus, first trimester
034592	Maternal care for other abnormalities of gravid uterus, second trimester
034593	Maternal care for other abnormalities of gravid uterus, third trimester
034599	Maternal care for other abnormalities of gravid uterus, unspecified trimester
03460	Maternal care for abnormality of vagina, unspecified trimester
03461	Maternal care for abnormality of vagina, first trimester
03462	Maternal care for abnormality of vagina, second trimester
03463	Maternal care for abnormality of vagina, third trimester
03470	Maternal care for abnormality of vulva and perineum, unspecified trimester
03471	Maternal care for abnormality of vulva and perineum, first trimester
03472	Maternal care for abnormality of vulva and perineum, second trimester
03473	Maternal care for abnormality of vulva and perineum, third trimester
03480	Maternal care for other abnormalities of pelvic organs, unspecified trimester
03481	Maternal care for other abnormalities of pelvic organs, first trimester
03482	Maternal care for other abnormalities of pelvic organs, second trimester
03483	Maternal care for other abnormalities of pelvic organs, third trimester
03490	Maternal care for abnormality of pelvic organ, unspecified, unspecified trimester
03491	Maternal care for abnormality of pelvic organ, unspecified, first trimester
03492	Maternal care for abnormality of pelvic organ, unspecified, second trimester
03493	Maternal care for abnormality of pelvic organ, unspecified, third trimester
03500X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, not applicable or unspecified
03500X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 1
03500X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 2
03500X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 3
03500X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 4
03500X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, fetus 5
03500X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, unspecified, other fetus
03501X0	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, not applicable or unspecified
03501X1	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 1
03501X2	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 2
03501X3	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 3
03501X4	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 4
03501X5	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, fetus 5
03501X9	Maternal care for (suspected) central nervous system malformation or damage in fetus, agenesis of the corpus callosum, other fetus

[illegible]

[illegible]

[illegible]

[illegible]

Q41144	Placenta, first trimester, fetus 4
Q41145	Placenta, first trimester, fetus 5
Q41149	Placenta, first trimester, other fetus
Q411420	Placenta, second trimester, not applicable or unspecified
Q411421	Placenta, second trimester, fetus 1
Q411422	Placenta, second trimester, fetus 2
Q411423	Placenta, second trimester, fetus 3
Q411424	Placenta, second trimester, fetus 4
Q411425	Placenta, second trimester, fetus 5
Q411429	Placenta, second trimester, other fetus
Q411430	Placenta, third trimester, not applicable or unspecified
Q411431	Placenta, third trimester, fetus 1
Q411432	Placenta, third trimester, fetus 2
Q411433	Placenta, third trimester, fetus 3
Q411434	Placenta, third trimester, fetus 4
Q411435	Placenta, third trimester, fetus 5
Q411439	Placenta, third trimester, other fetus
Q411490	Placenta, unspecified trimester, not applicable or unspecified
Q411491	Placenta, unspecified trimester, fetus 1
Q411492	Placenta, unspecified trimester, fetus 2
Q411493	Placenta, unspecified trimester, fetus 3
Q411494	Placenta, unspecified trimester, fetus 4
Q411495	Placenta, unspecified trimester, fetus 5
Q411499	Placenta, unspecified trimester, other fetus
Q418X0	Other specified disorders of amniotic fluid and membranes, first trimester, not applicable or unspecified
Q418X11	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 1
Q418X12	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 2
Q418X13	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 3
Q418X14	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 4
Q418X15	Other specified disorders of amniotic fluid and membranes, first trimester, fetus 5
Q418X19	Other specified disorders of amniotic fluid and membranes, first trimester, other fetus
Q418X20	Other specified disorders of amniotic fluid and membranes, second trimester, not applicable or unspecified
Q418X21	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 1
Q418X22	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 2
Q418X23	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 3
Q418X24	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 4
Q418X25	Other specified disorders of amniotic fluid and membranes, second trimester, fetus 5
Q418X29	Other specified disorders of amniotic fluid and membranes, second trimester, other fetus
Q418X30	Other specified disorders of amniotic fluid and membranes, third trimester, not applicable or unspecified
Q418X31	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 1
Q418X32	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 2
Q418X33	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 3
Q418X34	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 4
Q418X35	Other specified disorders of amniotic fluid and membranes, third trimester, fetus 5
Q418X39	Other specified disorders of amniotic fluid and membranes, third trimester, other fetus
Q418X90	Other specified disorders of amniotic fluid and membranes, unspecified trimester, not applicable or unspecified
Q418X91	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 1
Q418X92	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 2
Q418X93	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 3
Q418X94	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 4
Q418X95	Other specified disorders of amniotic fluid and membranes, unspecified trimester, fetus 5
Q418X99	Other specified disorders of amniotic fluid and membranes, unspecified trimester, other fetus
Q4190X0	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, not applicable or unspecified
Q4190X1	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 1
Q4190X2	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 2
Q4190X3	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 3
Q4190X4	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 4
Q4190X5	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, fetus 5
Q4190X9	Disorder of amniotic fluid and membranes, unspecified, unspecified trimester, other fetus
Q4191X0	Disorder of amniotic fluid and membranes, unspecified, first trimester, not applicable or unspecified
Q4191X1	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 1
Q4191X2	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 2
Q4191X3	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 3
Q4191X4	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 4
Q4191X5	Disorder of amniotic fluid and membranes, unspecified, first trimester, fetus 5
Q4191X9	Disorder of amniotic fluid and membranes, unspecified, first trimester, other fetus
Q4192X0	Disorder of amniotic fluid and membranes, unspecified, second trimester, not applicable or unspecified
Q4192X1	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 1
Q4192X2	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 2
Q4192X3	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 3
Q4192X4	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 4
Q4192X5	Disorder of amniotic fluid and membranes, unspecified, second trimester, fetus 5
Q4192X9	Disorder of amniotic fluid and membranes, unspecified, second trimester, other fetus
Q4193X0	Disorder of amniotic fluid and membranes, unspecified, third trimester, not applicable or unspecified
Q4193X1	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 1
Q4193X2	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 2
Q4193X3	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 3
Q4193X4	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 4
Q4193X5	Disorder of amniotic fluid and membranes, unspecified, third trimester, fetus 5
Q4193X9	Disorder of amniotic fluid and membranes, unspecified, third trimester, other fetus
Q420	Premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified weeks of gestation
Q4211	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, first trimester
Q4212	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, second trimester
Q4213	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, third trimester
Q4219	Preterm premature rupture of membranes, onset of labor within 24 hours of rupture, unspecified trimester
Q422	Full-term premature rupture of membranes, onset of labor within 24 hours of rupture
Q4210	Premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified weeks of gestation
Q42111	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, first trimester
Q42112	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, second trimester
Q42113	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, third trimester
Q42119	Preterm premature rupture of membranes, onset of labor more than 24 hours following rupture, unspecified trimester
Q4212	Full-term premature rupture of membranes, onset of labor more than 24 hours following rupture
Q4290	Premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified weeks of gestation
Q42911	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, first trimester
Q42912	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, second trimester
Q42913	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, third trimester
Q42919	Preterm premature rupture of membranes, unspecified as to length of time between rupture and onset of labor, unspecified trimester
Q4292	Full-term premature rupture of membranes, unspecified as to length of time between rupture and onset of labor
Q4311	Fetomaternal placental transfusion syndrome, first trimester
Q4312	Fetomaternal placental transfusion syndrome, second trimester
Q4313	Fetomaternal placental transfusion syndrome, third trimester
Q4319	Fetomaternal placental transfusion syndrome, unspecified trimester
Q4321	Fetus-to-fetus placental transfusion syndrome, first trimester
Q4322	Fetus-to-fetus placental transfusion syndrome, second trimester
Q4323	Fetus-to-fetus placental transfusion syndrome, third trimester
Q4329	Fetus-to-fetus placental transfusion syndrome, unspecified trimester
Q43101	Malformation of placenta, unspecified, first trimester
Q43102	Malformation of placenta, unspecified, second trimester
Q43103	Malformation of placenta, unspecified, third trimester
Q43109	Malformation of placenta, unspecified, unspecified trimester
Q43111	Circumvallate placenta, first trimester
Q43112	Circumvallate placenta, second trimester
Q43113	Circumvallate placenta, third trimester
Q43119	Circumvallate placenta, unspecified trimester
Q43121	Velamentous insertion of umbilical cord, first trimester
Q43122	Velamentous insertion of umbilical cord, second trimester
Q43123	Velamentous insertion of umbilical cord, third trimester
Q43129	Velamentous insertion of umbilical cord, unspecified trimester
Q43191	Other malformation of placenta, first trimester
Q43192	Other malformation of placenta, second trimester
Q43193	Other malformation of placenta, third trimester
Q43199	Other malformation of placenta, unspecified trimester
Q43211	Placenta accreta, first trimester
Q43212	Placenta accreta, second trimester
Q43213	Placenta accreta, third trimester
Q43219	Placenta accreta, unspecified trimester
Q43221	Placenta increta, first trimester
Q43222	Placenta increta, second trimester
Q43223	Placenta increta, third trimester
Q43229	Placenta increta, unspecified trimester
Q43231	Placenta percreta, first trimester
Q43232	Placenta percreta, second trimester
Q43233	Placenta percreta, third trimester
Q43239	Placenta percreta, unspecified trimester
Q43811	Placental infarction, first trimester
Q43812	Placental infarction, second trimester
Q43813	Placental infarction, third trimester
Q43819	Placental infarction, unspecified trimester
Q43891	Other placental disorders, first trimester
Q43892	Other placental disorders, second trimester
Q43893	Other placental disorders, third trimester
Q43899	Other placental disorders, unspecified trimester
Q4390	Unspecified placental disorder, unspecified trimester
Q4391	Unspecified placental disorder, first trimester
Q4392	Unspecified placental disorder, second trimester
Q4393	Unspecified placental disorder, third trimester
Q440	Complete placenta previa NOS or without hemorrhage, unspecified trimester
Q441	Complete placenta previa NOS or without hemorrhage, first trimester
Q442	Complete placenta previa NOS or without hemorrhage, second trimester
Q443	Complete placenta previa NOS or without hemorrhage, third trimester
Q4410	Complete placenta previa with hemorrhage, unspecified trimester
Q4411	Complete placenta previa with hemorrhage, first trimester
Q4412	Complete placenta previa with hemorrhage, second trimester
Q4413	Complete placenta previa with hemorrhage, third trimester
Q4420	Partial placenta previa NOS or without hemorrhage, unspecified trimester
Q4421	Partial placenta previa NOS or without hemorrhage, first trimester
Q4422	Partial placenta previa NOS or without hemorrhage, second trimester
Q4423	Partial placenta previa NOS or without hemorrhage, third trimester
Q4430	Partial placenta previa with hemorrhage, unspecified trimester
Q4431	Partial placenta previa with hemorrhage, first trimester
Q4432	Partial placenta previa with hemorrhage, second trimester
Q4433	Partial placenta previa with hemorrhage, third trimester
Q4440	Low lying placenta NOS or without hemorrhage, unspecified trimester
Q4441	Low lying placenta NOS or without hemorrhage, first trimester
Q4442	Low lying placenta NOS or without hemorrhage, second trimester
Q4443	Low lying placenta NOS or without hemorrhage, third trimester
Q4450	Low lying placenta with hemorrhage, unspecified trimester
Q4451	Low lying placenta with hemorrhage, first trimester
Q4452	Low lying placenta with hemorrhage, second trimester
Q4453	Low lying placenta with hemorrhage, third trimester
Q451	Premature separation of placenta with coagulation defect, unspecified, first trimester
Q452	Premature separation of placenta with coagulation defect, unspecified, second trimester
Q453	Premature separation of placenta with coagulation defect, unspecified, third trimester
Q459	Premature separation of placenta with coagulation defect, unspecified, unspecified trimester
Q4511	Premature separation of placenta with afibrinogenemia, first trimester
Q4512	Premature separation of placenta with afibrinogenemia, second trimester
Q4513	Premature separation of placenta with afibrinogenemia, third trimester
Q4519	Premature separation of placenta with afibrinogenemia, unspecified trimester
Q4521	Premature separation of placenta with disseminated intravascular coagulation, first trimester
Q4522	Premature separation of placenta with disseminated intravascular coagulation, second trimester
Q4523	Premature separation of placenta with disseminated intravascular coagulation, third trimester
Q4529	Premature separation of placenta with disseminated intravascular coagulation, unspecified trimester
Q4591	Premature separation of placenta with other coagulation defect, first trimester

Q4592	Premature separation of placenta with other coagulation defect, second trimester
Q4593	Premature separation of placenta with other coagulation defect, third trimester
Q4599	Premature separation of placenta with other coagulation defect, unspecified trimester
Q458X1	Other premature separation of placenta, first trimester
Q458X2	Other premature separation of placenta, second trimester
Q458X3	Other premature separation of placenta, third trimester
Q458X9	Other premature separation of placenta, unspecified trimester
Q4590	Premature separation of placenta, unspecified, unspecified trimester
Q4591	Premature separation of placenta, unspecified, first trimester
Q4592	Premature separation of placenta, unspecified, second trimester
Q4593	Premature separation of placenta, unspecified, third trimester
Q461	Antepartum hemorrhage with coagulation defect, unspecified, first trimester
Q462	Antepartum hemorrhage with coagulation defect, unspecified, second trimester
Q463	Antepartum hemorrhage with coagulation defect, unspecified, third trimester
Q469	Antepartum hemorrhage with coagulation defect, unspecified, unspecified trimester
Q4611	Antepartum hemorrhage with afibrinogenemia, first trimester
Q4612	Antepartum hemorrhage with afibrinogenemia, second trimester
Q4613	Antepartum hemorrhage with afibrinogenemia, third trimester
Q4619	Antepartum hemorrhage with afibrinogenemia, unspecified trimester
Q4621	Antepartum hemorrhage with disseminated intravascular coagulation, first trimester
Q4622	Antepartum hemorrhage with disseminated intravascular coagulation, second trimester
Q4623	Antepartum hemorrhage with disseminated intravascular coagulation, third trimester
Q4629	Antepartum hemorrhage with disseminated intravascular coagulation, unspecified trimester
Q4691	Antepartum hemorrhage with other coagulation defect, first trimester
Q4692	Antepartum hemorrhage with other coagulation defect, second trimester
Q4693	Antepartum hemorrhage with other coagulation defect, third trimester
Q4699	Antepartum hemorrhage with other coagulation defect, unspecified trimester
Q468X1	Other antepartum hemorrhage, first trimester
Q468X2	Other antepartum hemorrhage, second trimester
Q468X3	Other antepartum hemorrhage, third trimester
Q468X9	Other antepartum hemorrhage, unspecified trimester
Q4690	Antepartum hemorrhage, unspecified, unspecified trimester
Q4691	Antepartum hemorrhage, unspecified, first trimester
Q4692	Antepartum hemorrhage, unspecified, second trimester
Q4693	Antepartum hemorrhage, unspecified, third trimester
Q470	False labor before 37 completed weeks of gestation, unspecified trimester
Q472	False labor before 37 completed weeks of gestation, second trimester
Q473	False labor before 37 completed weeks of gestation, third trimester
Q471	False labor at or after 37 completed weeks of gestation
Q479	False labor, unspecified
Q480	Post-term pregnancy
Q481	Prolonged pregnancy
Q600	Preterm labor without delivery, unspecified trimester
Q602	Preterm labor without delivery, second trimester
Q603	Preterm labor without delivery, third trimester
Q8811	Air embolism in pregnancy, first trimester
Q8812	Air embolism in pregnancy, second trimester
Q8813	Air embolism in pregnancy, third trimester
Q8819	Air embolism in pregnancy, unspecified trimester
Q88111	Amniotic fluid embolism in pregnancy, first trimester
Q88112	Amniotic fluid embolism in pregnancy, second trimester
Q88113	Amniotic fluid embolism in pregnancy, third trimester
Q88119	Amniotic fluid embolism in pregnancy, unspecified trimester
Q88211	Thromboembolism in pregnancy, first trimester
Q88212	Thromboembolism in pregnancy, second trimester
Q88213	Thromboembolism in pregnancy, third trimester
Q88219	Thromboembolism in pregnancy, unspecified trimester
Q88311	Pyemic and septic embolism in pregnancy, first trimester
Q88312	Pyemic and septic embolism in pregnancy, second trimester
Q88313	Pyemic and septic embolism in pregnancy, third trimester
Q88319	Pyemic and septic embolism in pregnancy, unspecified trimester
Q88811	Other embolism in pregnancy, first trimester
Q88812	Other embolism in pregnancy, second trimester
Q88813	Other embolism in pregnancy, third trimester
Q88819	Other embolism in pregnancy, unspecified trimester
Q84	Sequelae of complication of pregnancy, childbirth, and the puerperium
Q9811	Tuberculosis complicating pregnancy, first trimester
Q9812	Tuberculosis complicating pregnancy, second trimester
Q9813	Tuberculosis complicating pregnancy, third trimester
Q9819	Tuberculosis complicating pregnancy, unspecified trimester
Q982	Tuberculosis complicating childbirth
Q983	Tuberculosis complicating the puerperium
Q98111	Syphilis complicating pregnancy, first trimester
Q98112	Syphilis complicating pregnancy, second trimester
Q98113	Syphilis complicating pregnancy, third trimester
Q98119	Syphilis complicating pregnancy, unspecified trimester
Q9812	Syphilis complicating childbirth
Q9813	Syphilis complicating the puerperium
Q98211	Gonorrhea complicating pregnancy, first trimester
Q98212	Gonorrhea complicating pregnancy, second trimester
Q98213	Gonorrhea complicating pregnancy, third trimester
Q98219	Gonorrhea complicating pregnancy, unspecified trimester
Q9822	Gonorrhea complicating childbirth
Q9823	Gonorrhea complicating the puerperium
Q98311	Other infections with a predominantly sexual mode of transmission complicating pregnancy, first trimester
Q98312	Other infections with a predominantly sexual mode of transmission complicating pregnancy, second trimester
Q98313	Other infections with a predominantly sexual mode of transmission complicating pregnancy, third trimester
Q98319	Other infections with a predominantly sexual mode of transmission complicating pregnancy, unspecified trimester
Q9832	Other infections with a predominantly sexual mode of transmission complicating childbirth
Q9833	Other infections with a predominantly sexual mode of transmission complicating the puerperium
Q98411	Viral hepatitis complicating pregnancy, first trimester
Q98412	Viral hepatitis complicating pregnancy, second trimester
Q98413	Viral hepatitis complicating pregnancy, third trimester
Q98419	Viral hepatitis complicating pregnancy, unspecified trimester
Q9842	Viral hepatitis complicating childbirth
Q9843	Viral hepatitis complicating the puerperium
Q98511	Other viral diseases complicating pregnancy, first trimester
Q98512	Other viral diseases complicating pregnancy, second trimester
Q98513	Other viral diseases complicating pregnancy, third trimester
Q98519	Other viral diseases complicating pregnancy, unspecified trimester
Q9852	Other viral diseases complicating childbirth
Q9853	Other viral diseases complicating the puerperium
Q98611	Protozoal diseases complicating pregnancy, first trimester
Q98612	Protozoal diseases complicating pregnancy, second trimester
Q98613	Protozoal diseases complicating pregnancy, third trimester
Q98619	Protozoal diseases complicating pregnancy, unspecified trimester
Q9862	Protozoal diseases complicating childbirth
Q9863	Protozoal diseases complicating the puerperium
Q98711	Human immunodeficiency virus [HIV] disease complicating pregnancy, first trimester
Q98712	Human immunodeficiency virus [HIV] disease complicating pregnancy, second trimester
Q98713	Human immunodeficiency virus [HIV] disease complicating pregnancy, third trimester
Q98719	Human immunodeficiency virus [HIV] disease complicating pregnancy, unspecified trimester
Q9872	Human immunodeficiency virus [HIV] disease complicating childbirth
Q9873	Human immunodeficiency virus [HIV] disease complicating the puerperium
Q98811	Other maternal infectious and parasitic diseases complicating pregnancy, first trimester
Q98812	Other maternal infectious and parasitic diseases complicating pregnancy, second trimester
Q98813	Other maternal infectious and parasitic diseases complicating pregnancy, third trimester
Q98819	Other maternal infectious and parasitic diseases complicating pregnancy, unspecified trimester
Q9882	Other maternal infectious and parasitic diseases complicating childbirth
Q9883	Other maternal infectious and parasitic diseases complicating the puerperium
Q98911	Unspecified maternal infectious and parasitic disease complicating pregnancy, first trimester
Q98912	Unspecified maternal infectious and parasitic disease complicating pregnancy, second trimester
Q98913	Unspecified maternal infectious and parasitic disease complicating pregnancy, third trimester
Q98919	Unspecified maternal infectious and parasitic disease complicating pregnancy, unspecified trimester
Q9892	Unspecified maternal infectious and parasitic disease complicating childbirth
Q9893	Unspecified maternal infectious and parasitic disease complicating the puerperium
Q9911	Anemia complicating pregnancy, first trimester
Q9912	Anemia complicating pregnancy, second trimester
Q9913	Anemia complicating pregnancy, third trimester
Q9919	Anemia complicating pregnancy, unspecified trimester
Q992	Anemia complicating childbirth
Q993	Anemia complicating the puerperium
Q99111	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, first trimester
Q99112	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, second trimester
Q99113	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, third trimester
Q99119	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, unspecified trimester
Q9912	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating childbirth
Q9913	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating the puerperium
Q99210	Obesity complicating pregnancy, unspecified trimester
Q99211	Obesity complicating pregnancy, first trimester
Q99212	Obesity complicating pregnancy, second trimester
Q99213	Obesity complicating pregnancy, third trimester
Q99214	Obesity complicating childbirth
Q99215	Obesity complicating the puerperium
Q99280	Endocrine, nutritional and metabolic diseases complicating pregnancy, unspecified trimester
Q99281	Endocrine, nutritional and metabolic diseases complicating pregnancy, first trimester
Q99282	Endocrine, nutritional and metabolic diseases complicating pregnancy, second trimester
Q99283	Endocrine, nutritional and metabolic diseases complicating pregnancy, third trimester
Q99284	Endocrine, nutritional and metabolic diseases complicating childbirth
Q99285	Endocrine, nutritional and metabolic diseases complicating the puerperium
Q99310	Alcohol use complicating pregnancy, unspecified trimester
Q99311	Alcohol use complicating pregnancy, first trimester
Q99312	Alcohol use complicating pregnancy, second trimester
Q99313	Alcohol use complicating pregnancy, third trimester
Q99314	Alcohol use complicating childbirth
Q99315	Alcohol use complicating the puerperium
Q99320	Drug use complicating pregnancy, unspecified trimester
Q99321	Drug use complicating pregnancy, first trimester
Q99322	Drug use complicating pregnancy, second trimester
Q99323	Drug use complicating pregnancy, third trimester
Q99324	Drug use complicating childbirth
Q99325	Drug use complicating the puerperium
Q99330	Smoking (tobacco) complicating pregnancy, unspecified trimester
Q99331	Smoking (tobacco) complicating pregnancy, first trimester
Q99332	Smoking (tobacco) complicating pregnancy, second trimester
Q99333	Smoking (tobacco) complicating pregnancy, third trimester
Q99334	Smoking (tobacco) complicating childbirth
Q99335	Smoking (tobacco) complicating the puerperium
Q99340	Other mental disorders complicating pregnancy, unspecified trimester
Q99341	Other mental disorders complicating pregnancy, first trimester
Q99342	Other mental disorders complicating pregnancy, second trimester
Q99343	Other mental disorders complicating pregnancy, third trimester
Q99344	Other mental disorders complicating childbirth
Q99345	Other mental disorders complicating the puerperium
Q99350	Diseases of the nervous system complicating pregnancy, unspecified trimester
Q99351	Diseases of the nervous system complicating pregnancy, first trimester
Q99352	Diseases of the nervous system complicating pregnancy, second trimester
Q99353	Diseases of the nervous system complicating pregnancy, third trimester
Q99354	Diseases of the nervous system complicating childbirth
Q99355	Diseases of the nervous system complicating the puerperium
Q99411	Diseases of the circulatory system complicating pregnancy, first trimester
Q99412	Diseases of the circulatory system complicating pregnancy, second trimester
Q99413	Diseases of the circulatory system complicating pregnancy, third trimester

099419	Diseases of the circulatory system complicating pregnancy, unspecified trimester
09942	Diseases of the circulatory system complicating childbirth
09943	Diseases of the circulatory system complicating the puerperium
09951	Diseases of the respiratory system complicating pregnancy, first trimester
099512	Diseases of the respiratory system complicating pregnancy, second trimester
099513	Diseases of the respiratory system complicating pregnancy, third trimester
099519	Diseases of the respiratory system complicating pregnancy, unspecified trimester
09952	Diseases of the respiratory system complicating childbirth
09953	Diseases of the respiratory system complicating the puerperium
099611	Diseases of the digestive system complicating pregnancy, first trimester
099612	Diseases of the digestive system complicating pregnancy, second trimester
099613	Diseases of the digestive system complicating pregnancy, third trimester
099619	Diseases of the digestive system complicating pregnancy, unspecified trimester
09962	Diseases of the digestive system complicating childbirth
09963	Diseases of the digestive system complicating the puerperium
099711	Diseases of the skin and subcutaneous tissue complicating pregnancy, first trimester
099712	Diseases of the skin and subcutaneous tissue complicating pregnancy, second trimester
099713	Diseases of the skin and subcutaneous tissue complicating pregnancy, third trimester
099719	Diseases of the skin and subcutaneous tissue complicating pregnancy, unspecified trimester
09972	Diseases of the skin and subcutaneous tissue complicating childbirth
09973	Diseases of the skin and subcutaneous tissue complicating the puerperium
099810	Abnormal glucose complicating pregnancy
099814	Abnormal glucose complicating childbirth
099815	Abnormal glucose complicating the puerperium
099820	Streptococcus B carrier state complicating pregnancy
099824	Streptococcus B carrier state complicating childbirth
099825	Streptococcus B carrier state complicating the puerperium
099830	Other infection carrier state complicating pregnancy
099834	Other infection carrier state complicating childbirth
099835	Other infection carrier state complicating the puerperium
099840	Bariatric surgery status complicating pregnancy, unspecified trimester
099841	Bariatric surgery status complicating pregnancy, first trimester
099842	Bariatric surgery status complicating pregnancy, second trimester
099843	Bariatric surgery status complicating pregnancy, third trimester
099844	Bariatric surgery status complicating childbirth
099845	Bariatric surgery status complicating the puerperium
09989	Oth diseases and conditions compl preg/chludrth
099891	Other specified diseases and conditions complicating pregnancy
099892	Other specified diseases and conditions complicating childbirth
099893	Other specified diseases and conditions complicating puerperium
09A111	Malignant neoplasm complicating pregnancy, first trimester
09A112	Malignant neoplasm complicating pregnancy, second trimester
09A113	Malignant neoplasm complicating pregnancy, third trimester
09A119	Malignant neoplasm complicating pregnancy, unspecified trimester
09A12	Malignant neoplasm complicating childbirth
09A13	Malignant neoplasm complicating the puerperium
09A211	Injury, poisoning and certain other consequences of external causes complicating pregnancy, first trimester
09A212	Injury, poisoning and certain other consequences of external causes complicating pregnancy, second trimester
09A213	Injury, poisoning and certain other consequences of external causes complicating pregnancy, third trimester
09A219	Injury, poisoning and certain other consequences of external causes complicating pregnancy, unspecified trimester
09A22	Injury, poisoning and certain other consequences of external causes complicating childbirth
09A23	Injury, poisoning and certain other consequences of external causes complicating the puerperium
09A311	Physical abuse complicating pregnancy, first trimester
09A312	Physical abuse complicating pregnancy, second trimester
09A313	Physical abuse complicating pregnancy, third trimester
09A319	Physical abuse complicating pregnancy, unspecified trimester
09A32	Physical abuse complicating childbirth
09A33	Physical abuse complicating the puerperium
09A411	Sexual abuse complicating pregnancy, first trimester
09A412	Sexual abuse complicating pregnancy, second trimester
09A413	Sexual abuse complicating pregnancy, third trimester
09A419	Sexual abuse complicating pregnancy, unspecified trimester
09A42	Sexual abuse complicating childbirth
09A43	Sexual abuse complicating the puerperium
09A511	Psychological abuse complicating pregnancy, first trimester
09A512	Psychological abuse complicating pregnancy, second trimester
09A513	Psychological abuse complicating pregnancy, third trimester
09A519	Psychological abuse complicating pregnancy, unspecified trimester
09A52	Psychological abuse complicating childbirth
09A53	Psychological abuse complicating the puerperium
20371	Encounter for suspected problem with amniotic cavity and membrane ruled out
20372	Encounter for suspected placental problem ruled out
20373	Encounter for suspected fetal anomaly ruled out
20374	Encounter for suspected problem with fetal growth ruled out
20375	Encounter for suspected cervical shortening ruled out
20379	Encounter for other suspected maternal and fetal conditions ruled out
2229	Encounter for childbirth instruction
22313	Encounter for prophylactic Rh(D) immune globulin
2322	Encounter for childbirth instruction
2331	Pregnant state, incidental
2340	Encounter for supervision of normal first pregnancy, unspecified trimester
2341	Encounter for supervision of normal first pregnancy, first trimester
2342	Encounter for supervision of normal first pregnancy, second trimester
2343	Encounter for supervision of normal first pregnancy, third trimester
23480	Encounter for supervision of other normal pregnancy, unspecified trimester
23481	Encounter for supervision of other normal pregnancy, first trimester
23482	Encounter for supervision of other normal pregnancy, second trimester
23483	Encounter for supervision of other normal pregnancy, third trimester
23490	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
23491	Encounter for supervision of normal pregnancy, unspecified, first trimester
23492	Encounter for supervision of normal pregnancy, unspecified, second trimester
23493	Encounter for supervision of normal pregnancy, unspecified, third trimester
236	Encounter for antenatal screening of mother
2360	Encounter for antenatal screening for chromosomal anomalies
2361	Encounter for antenatal screening for raised alphafetoprotein level
2362	Encounter for other antenatal screening follow-up
2363	Encounter for antenatal screening for malformations
2364	Encounter for antenatal screening for fetal growth retardation
2365	Encounter for antenatal screening for isoimmunization
23681	Encounter for antenatal screening for hydrops fetalis
23682	Encounter for antenatal screening for nuchal translucency
23683	Encounter for fetal screening for congenital cardiac abnormalities
23684	Encounter for antenatal screening for fetal lung maturity
23685	Encounter for antenatal screening for Streptococcus B
23686	Encounter for antenatal screening for cervical length
23687	Encounter for antenatal screening for uncertain dates
23688	Encounter for antenatal screening for fetal macrosomia
23689	Encounter for other specified antenatal screening
2368A	Encounter for antenatal screening for other genetic defects
2369	Encounter for antenatal screening, unspecified
23A0	Weeks of gestation of pregnancy not specified
23A1	Less than 8 weeks gestation of pregnancy
23A8	8 weeks gestation of pregnancy
23A9	9 weeks gestation of pregnancy
23A10	10 weeks gestation of pregnancy
23A11	11 weeks gestation of pregnancy
23A12	12 weeks gestation of pregnancy
23A13	13 weeks gestation of pregnancy
23A14	14 weeks gestation of pregnancy
23A15	15 weeks gestation of pregnancy
23A16	16 weeks gestation of pregnancy
23A17	17 weeks gestation of pregnancy
23A18	18 weeks gestation of pregnancy
23A19	19 weeks gestation of pregnancy
23A20	20 weeks gestation of pregnancy
23A21	21 weeks gestation of pregnancy
23A22	22 weeks gestation of pregnancy
23A23	23 weeks gestation of pregnancy
23A24	24 weeks gestation of pregnancy
23A25	25 weeks gestation of pregnancy
23A26	26 weeks gestation of pregnancy
23A27	27 weeks gestation of pregnancy
23A28	28 weeks gestation of pregnancy
23A29	29 weeks gestation of pregnancy
23A30	30 weeks gestation of pregnancy
23A31	31 weeks gestation of pregnancy
23A32	32 weeks gestation of pregnancy
23A33	33 weeks gestation of pregnancy
23A34	34 weeks gestation of pregnancy
23A35	35 weeks gestation of pregnancy
23A36	36 weeks gestation of pregnancy
23A37	37 weeks gestation of pregnancy
23A38	38 weeks gestation of pregnancy
23A39	39 weeks gestation of pregnancy
23A40	40 weeks gestation of pregnancy
23A41	41 weeks gestation of pregnancy
23A42	42 weeks gestation of pregnancy
23A49	Greater than 42 weeks gestation of pregnancy