

			rasse		
Market AR	Program Medicaid	R6250 - Unspecified lack of expected normal	Procedure K0038 - Leg strap, each	Decision Decision Reason Approved	Provider Speciality Supplier Prosthetic/Orthotic
An	ivieuicaiu	physiological development in childhood	KOO30 - Leg Strap, each	Арргочец	Supplier Prostrictic/Orthotic
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0043 - Footrest, lower extension tube, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E0954 - Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E2206 - Manual wheelchair accessory, wheel Lock assembly, complete, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0070 - Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Physical Therapy & Rehab
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	90837U4 - Psychotherapy, 60 minutes with patient	Approved	Registered Non-Credentialed
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	E11 - Type 2 diabetes mellitus	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
AR	Medicaid	function F82 - Specific developmental disorder of motor	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor	processing disorder; individual 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	Speech Language Pathologist
AR	Medicaid	function Z931 - Gastrostomy status	auditory processing disorder; individual B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type G800 - Spastic quadriplegic cerebral palsy	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) S9123 - Nursing care, in the home; by registered nurse, per hour (use for	Approved Approved	Licensed Social Worker Nurse
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S9123U1 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved	Nurse
AR AR	Medicaid Medicaid	R6251 - Failure to thrive (child) S39 - Other and unspecified injuries of abdomen, lower back, pelvis and external genitals	B9998 - NOC for enteral supplies T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved	Home Infusion Personal Care
AR	Medicaid	R32 - Unspecified urinary incontinence	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		Physical Therapy & Rehab
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F1111 - Opioid abuse, in remission	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Approved	Laboratory
AR	Medicaid	G809 - Cerebral palsy, unspecified	E2620 - Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	Z79891 - Long term (current) use of opiate analgesic	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Approved	Laboratory
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
AR	Medicaid	S52501A - Unspecified fracture of the lower end of right radius, initial encounter for closed fracture	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AR	Medicaid	S52501A - Unspecified fracture of the lower end of right radius, initial encounter for closed fracture	25608 - Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	Approved	Ambulatory Surgical Center
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	Q909 - Down syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory		Physical Therapy & Rehab
			processing disorder; individual		
AR	Medicaid	M25511 - Pain in right shoulder	PTOT - PTOT	Approved	Hospital/Critical Access
AR	Medicaid	M25511 - Pain in right shoulder	97161 - PT EVAL LOW COMPLEX 20 MIN	Approved	Hospital/Critical Access
AR	Medicaid	M25511 - Pain in right shoulder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic		Hospital/Critical Access
			exercises to develop strength and endurance, range of motion and flexibility		

AR	Medicaid	M25511 - Pain in right shoulder	97150 - Therapeutic procedure(s), group (2 or more individuals)	Approved	Hospital/Critical Access
AR	Medicaid	G8250 - Quadriplegia, unspecified	E2201 - Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0981 - Wheelchair accessory, seat upholstery, replacement only, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0040 - Adjustable angle footplate, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	KO108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0070 - Rear wheel assembly, complete, with pneumatic tire, spokes or	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	molded, each E0958 - Manual wheelchair accessory, one-arm drive attachment, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E2226 - Manual wheelchair accessory, one arm drive attachment, each	Approved	Durable Medical Equipment
			each		
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0077 - Front caster assembly, complete, with solid tire, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0952 - Toe loop/holder, any type, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching	Approved	Durable Medical Equipment
40	NA - di id	COSEO Overdelelele verselfed	hardware F0050 Whatalahala access to the control of	Ad	Donalda Madical Facility and
AR AR	Medicaid Medicaid	G8250 - Quadriplegia, unspecified 748812 - Encounter for surgical aftercare following	E0950 - Wheelchair accessory, tray, each T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved Approved	Durable Medical Equipment Personal Care
		surgery on the circulatory system	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized		
			plan of treatment (code may		
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav HIth Agency
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav HIth Agency
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved	Personal Care
			of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		
AR	Medicaid	F840 - Autistic disorder	treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory	Annroyed	Physical Therapy & Rehab
	···cuicalu		processing disorder; individual		, secon merapy & nellau
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
AR	Medicaid	D5780 - Other sickle-cell disorders without crisis	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved	Personal Care
			of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may		
AR	Medicaid	R12 - Heartburn	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Gastroenterology
AR	Medicaid	R12 - Heartburn	43239 - Upper gastrointestinal endoscopy including esophagus, stomach, and	Approved	Gastroenterology
			either the duodenum and/or jejunum as appropriate; with biopsy, single or		
AR	Medicaid	F840 - Autistic disorder	multiple	Approved	Dhysical Thorony & Dobob
AK	ivieuicaiu	r840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	function F82 - Specific developmental disorder of motor	07410. The conduction recordings 1 or more areas, each 15 minutes; the conduction	Approved	Physical Therapy & Rehab
AN	ivieuicaiu	function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Арргочец	rnysical merapy & kenab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Speech Language Pathologist
		disorder			
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
			plan of treatment (code may		
AR	Medicaid	F89 - Unspecified disorder of psychological	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Physical Therapy & Rehab
AR	Medicaid	development F89 - Unspecified disorder of psychological	processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
, ·	Wicalcala	development	5. 5. Speech merupy, outputient	т.рр. отса	Thysical Therapy a henab
AR	Medicaid		E2402 - Negative pressure wound therapy electrical pump, stationary or	Approved	Durable Medical Equipment
AR	Medicaid	elsewhere classified, initial encounter F840 - Autistic disorder	portable 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Physical Therapy & Rehab
			processing disorder; individual		
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	J449 - Chronic obstructive pulmonary disease,	93458 - Catheter placement in coronary artery(s) for coronary angiography,	Approved	Hospital/Acute Care
		unspecified	including intraprocedural injection(s) for coronary angiography, imaging		
ΔR	Medicald	M461 - Sacroillitis, not elsewhere classified	supervision and interpretation; wit PAIN - PAIN - Facet Joint Injections	Approved	Physical Medicine 9. Debah
AR AR	Medicaid Medicaid	M461 - Sacrollitis, not elsewhere classified M461 - Sacrolliitis, not elsewhere classified	27096 - Injection procedure for sacroiliac joint, anesthetic/steroid, with image	Approved Approved	Physical Medicine & Rehab Physical Medicine & Rehab
			guidance (fluoroscopy or CT) including arthrography when performed		
AR	Medicaid	G479 - Sleep disorder, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved	Hospital/Acute Care
AR	Madianid	J353 - Hypertrophy of tonsils with hypertrophy of	additional parameters of sleep, attended by a technologist OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
		,pc. a.op.,, o. consus with hypertrophly of	The supplied of the supplied o		
	Medicaid	adenoids			
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved	Hospital/Acute Care
	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids			
AR	Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening,		
AR AR	Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening,	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids 6809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type E1007 - Wheelchair accessory, power seating system, combination tilt and	Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids 6809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all	Approved Approved Approved Approved Approved Approved	Durable Medical Equipment
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids 6809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature	Approved Approved Approved Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids G809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature E1012 - Wheelchair accessory, addition to power seating system, center mount	Approved Approved Approved Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids 6809 - Cerebral palsy, unspecified Q0702 - Arnold-Chiari syndrome with hydrocephalus	B9998 - NOC for enteral supplies K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking K0108 - Wheelchair component or accessory, not otherwise specified E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature	Approved Approved Approved Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment

2	Medicaid	Q0702 - Arnold-Chiari syndrome with	E2377 - Power wheelchair accessory, expandable controller, including all	Approved	Durable Medical Equipment
2	Medicaid	hydrocephalus Q0702 - Arnold-Chiari syndrome with	related electronics and mounting hardware, upgrade provided at initial issue E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching	Approved	Durable Medical Equipment
`	Wicalcala	hydrocephalus	hardware	т.рр. отса	barable medical Equipment
3	Medicaid	G8250 - Quadriplegia, unspecified	T4523 - Adult sized disposable incontinence product, brief/diaper, large, each	Approved	Durable Medical Equipment
l	Medicaid	R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Physical Therapy & Rehab
	Medicaid	physiological development in childhood Z559 - Problems related to education and literacy,	processing disorder; individual G0482 - Drug test(s), definitive, utilizing drug identification methods able to	Approved	Laboratory
	Wedledid	unspecified	identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Тррготе в	Education,
	Medicaid	Q969 - Turner's syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
	Medicaid	Q969 - Turner's syndrome, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
	Medicaid	F31 - Bipolar disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
	Medicaid	Q969 - Turner's syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Physical Therapy & Rehab
	Medicaid	Q969 - Turner's syndrome, unspecified	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	E2620 - Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Approved	Durable Medical Equipment
	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0019 - Arm pad, each	Approved	Durable Medical Equipment
	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0018 - Detachable, adjustable height armrest, upper portion, each	Approved	Durable Medical Equipment
	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	E0700 - Safety equipment, device or accessory, any type E1399 - Durable medical equipment, miscellaneous	Approved Approved	Durable Medical Equipment Durable Medical Equipment
	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved	Outpt Behav Hith Agency
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved	Occupational Therapist
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Occupational Therapist
	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
	Medicaid		L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved	Supplier Prosthetic/Orthotic
	Medicaid		L3202 - Orthopedic shoe, Oxford with supinator or pronator, child	Approved	Supplier Prosthetic/Orthotic
	Medicaid		L3202 - Orthopedic shoe, Oxford with supinator or pronator, child	Approved	Supplier Prosthetic/Orthotic
	Medicaid Medicaid	G801 - Spastic diplegic cerebral palsy R6250 - Unspecified lack of expected normal physiological development in childhood	B9002 - Enteral nutrition infusion pump - with alarm T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved	Home Infusion Personal Care
	Medicaid	N3944 - Nocturnal enuresis	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied Medical Necessity Not Establish	Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
	Medicaid	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
	Medicaid	F72 - Severe intellectual disabilities	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
	Medicaid	G802 - Spastic hemiplegic cerebral palsy	L1945 - Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Approved	Supplier Prosthetic/Orthotic
	Medicaid	G802 - Spastic hemiplegic cerebral palsy	L2220 - Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Approved	Supplier Prosthetic/Orthotic
	Medicaid	G802 - Spastic hemiplegic cerebral palsy	L2755 - Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only	Approved	Supplier Prosthetic/Orthotic
	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Podiatry
	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Podiatry
	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level o	Approved	Podiatry
	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	99203 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical	Approved	Podiatry
	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	17110 - Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative le	Approved	Podiatry

AR	Medicaid	D649 - Anemia, unspecified	85060 - Blood smear, peripheral, interpretation by physician with written report	Approved		Laboratory
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy		Approved		Physical Therapy & Rehab
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid	G808 - Other cerebral palsy	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid	G808 - Other cerebral palsy	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q8789 - Other specified congenital malformation syndromes, not elsewhere classified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	Q8789 - Other specified congenital malformation syndromes, not elsewhere classified	РТОТ - РТОТ	Approved		Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid	F849 - Pervasive developmental disorder, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Children Intensive Behavioral
AR	Medicaid	F941 - Reactive attachment disorder of childhood	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Z79891 - Long term (current) use of opiate analgesic	80361 - Opiates, 1 or more	Approved		Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	R252 - Cramp and spasm	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR AR	Medicaid	R252 - Cramp and spasm F3481 - Disruptive mood dysregulation diso	64642 - Chemodenervation of one extremity; 1-4 muscle(s)	Approved		Hospital/Acute Care
	Medicaid		G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Approved	AA-di-lai	Laboratory
AR	Medicaid		t B4152 - Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and m	Denied	Medical Necessity Not Establish	
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	F919 - Conduct disorder, unspecified F79 - Unspecified intellectual disabilities	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved Approved		Outpt Behav Hith Agency Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	plan of treatment (code may T4532 - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Approved		Durable Medical Equipment
AR AR	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved Approved		Occupational Therapist Occupational Therapist
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	K3580 - Unspecified acute appendicitis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care

AR AR						
AR	Medicaid	K3580 - Unspecified acute appendicitis	44970 - Laparoscopy, surgical, appendectomy	Approved		Hospital/Acute Care
	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F418 - Other specified anxiety disorders	OV - OV Individual and Family Therapy	Approved		Masters Level Clinicians
AR	Medicaid	F3289 - Other specified depressive episode	OV - OV Individual and Family Therapy	Approved		Masters Level Clinicians
AR	Medicaid	R0683 - Snoring	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
AR	Medicaid	F411 - Generalized anxiety disorder	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav HIth Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4528 - Adult sized disposable incontinence product, protective	Approved		Durable Medical Equipment
AN	ivieuicaiu	G803 - Cerebrar paisy, unspecified	underwear/pull-on, extra large size, each	Approved		burable Medical Equipment
4.0	A d = di = rid	COOO Coocharlanda warnedfied		A		Durable Medical Faulaness
AR	Medicaid	G809 - Cerebral palsy, unspecified	A4554 - Disposable underpads, all sizes	Approved		Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved		Personal Care
		physiological development in childhood	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of			
			treatment (code may			
AR	Medicaid	F4325 - Adjustment disorder with mixed	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Registered Non-Credentialed
		disturbance of emotions and conduct				
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
An	ivieuicaiu	adenoids	OFA3 - OFA3 - Outpatient Ambulatory Services (555 units)	Approved		riospital/Acute care
		*** * * * *	40000 T III			
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
		adenoids				
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or	Approved		Licensed Behavioral Analyst
			other qualified health care professional, each 15 minutes of the physician's or			
			other qualified health care			
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
			under the direction of a physician or other qualified health care professional,		,	
			face-to-face with one patie			
A.D.	NA - dis 11	FOAO Autistic discorder		Don's	Madical Navestration	Licensed Debardant
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification,	Denied	Medical Necessity Not Establish	Licensed Benavioral Analyst
			administered by physician or other qualified health care professional, which			
			may include simultaneous direction of tech			
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by	Approved		Licensed Behavioral Analyst
			physician or other qualified health care professional (with or without the			
			patient present), face-to-face with gua			
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician	Approved		Licensed Behavioral Analyst
, u.	Micaicaia	1010 /tdtistic disorder		прриотеа		Electional Deliational Finally Sc
			under the direction of a physician or other qualified health care professional, face-to-face with one patie			
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification,	Approved		Licensed Behavioral Analyst
			administered by physician or other qualified health care professional, which			
			may include simultaneous direction of tech			
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Physical Therapy & Rehab
			exercises to develop strength and endurance, range of motion and flexibility			, .,
			, , , , , , , , , , , , , , , , , , , ,			
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
				Approved		
AR	Medicaid	F331 - Major depressive disorder, recurrent,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Registered Non-Credentialed
		moderate				
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized			
			plan of treatment (code may			
AR	Medicaid	F802 - Mixed receptive-expressive language	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
/	Medicala	disorder	processing disorder; individual	прриотса		Special Euriguage Futiliologist
4.0	No adjusted			A		Consolition and Dath desire
AR	Medicaid	F802 - Mixed receptive-expressive language	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
		disorder				
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4	Approved		Hospital/Acute Care
			muscle(s) (List separately in addition to code for primary procedure)			
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645 - Chemodenervation of one extremity; each additional extremity, 5 or	Approved		Hospital/Acute Care
		Good Spastic quadriplegic cerebral palsy				
		Good Spastic quadriplegic cerebral palsy	more muscle(s) (List separately in addition to code for primary procedure)			
AR	Medicaid			Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid		G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not	Denied	Medical Necessity Not Establish	Laboratory
		F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers		Medical Necessity Not Establish	
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT	Approved	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Medical Necessity Not Establish	
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT	Approved	Medical Necessity Not Establish	Hospital/Acute Care
AR AR	Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved Approved	Medical Necessity Not Establish	Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient	Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved Approved	Medical Necessity Not Establish Medical Necessity Not Establish	Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency
AR AR	Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient	Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency
AR AR AR	Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved Approved Denied Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid	Approved Approved Approved Denied		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sarcal orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends	Approved Approved Approved Denied Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea	Approved Approved Denied Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacroccotygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved Denied Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved Approved Denied Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sarcal orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved Denied Approved Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacroccotygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device	Approved Approved Denied Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sarcal orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved Denied Approved Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist
AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacroccotygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device	Approved Approved Denied Approved Approved Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Sompolence R400 - Sompolence R400 - Sompolence	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Timt (ADDT)
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0561 - Continuous airway pressure (CPAP) device PTOT - PTOT	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hlth Agency Durable Medical Equipment Outpt Behav Hlth Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
AR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT)
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific dexe for expected normal physiological developmental disorder of motor f82 - Specific developmental disorder of motor	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0661 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes; therapeutic	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hlth Agency Durable Medical Equipment Outpt Behav Hlth Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific dexe for expected normal physiological developmental disorder of motor f82 - Specific developmental disorder of motor	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0661 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes; therapeutic	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Sompolence R400 -	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacroccotygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacroccotygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Somnolence R250 - Unspecified lack of expected normal physiological development in childhood R82 - Specific development in childhood F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specified dex of expected normal physiological developmental disorder of motor function F82 - Specifie developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous (Procedure) (Procedure	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention-deficit hyperactivity disorder,	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention - deficit hyperactivity disorder, combined type	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 10482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97710 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility exercises to develop strength and endurance, range of motion and flexibility ov - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Sompolence R410 - Anspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood R625 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F841 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention-deficit hyperactivity disorder, combined type F4325 - Adjustment disorder with mixed	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous (Procedure) (Procedure	Approved		Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific developmental disorder of motor function F419 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention - deficit hyperactivity disorder, combined type	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 10482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97710 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility exercises to develop strength and endurance, range of motion and flexibility ov - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency
AR A	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Somnolence R400 - Sompolence R410 - Anspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood R625 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F841 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention-deficit hyperactivity disorder, combined type F4325 - Adjustment disorder with mixed	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 10482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97710 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility exercises to develop strength and endurance, range of motion and flexibility ov - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnsir LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency
RR	Medicaid	F3481 - Disruptive mood dysregulation diso M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region M5416 - Radiculopathy, lumbar region F919 - Conduct disorder, unspecified F840 - Autistic disorder F3481 - Disruptive mood dysregulation diso G808 - Other cerebral palsy F411 - Generalized anxiety disorder F802 - Mixed receptive-expressive language disorder R400 - Somnolence R400 - Somnolence R6250 - Unspecified lack of expected normal physiological development in childhood F82 - Specific development in childhood F82 - Specific developmental disorder of motor function F819 - Anxiety disorder, unspecified F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F3481 - Disruptive mood dysregulation diso F902 - Attention-deficit hyperactivity disorder, combined type	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 90837U4 - Psychotherapy, 60 minutes with patient E1399 - Durable medical equipment, miscellaneous OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L0482 - Thoracic-lumbar-sacral orthotic (TLSO), triplanar control, 1 piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygea OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E0562 - Humidifier, heated, used with positive airway pressure device E0601 - Continuous airway pressure (CPAP) device PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Outpt Behav Hith Agency Durable Medical Equipment Outpt Behav Hith Agency Supplier Prosthetic/Orthotic Lic Pro Clinical Cnslr LPCC Speech Language Pathologist Hospital/Acute Care Hospital/Acute Care Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency

AR	Medicaid	R4181 - Age-related cognitive decline	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type		Approved		Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Children Intensive Behavioral
AR	Medicaid	R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Children Intensive Behavioral
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Children Intensive Behavioral
AR AR	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	PTOT - PTOT 97520. Therapoutic activities, direct long on analynations contact lung of	Approved Approved		Early Int. Day Tmt (EIDT)
			97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes			Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F439 - Reaction to severe stress, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	R252 - Cramp and spasm	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9123U1 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	E0641 - Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Approved		Durable Medical Equipment
AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	K0045 - Footrest, complete assembly	Approved		Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F321 - Major depressive disorder, single episode, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	J441 - Chronic obstructive pulmonary disease with (acute) exacerbation	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved		Durable Medical Equipment
AR	Medicaid	J441 - Chronic obstructive pulmonary disease with (acute) exacerbation	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	ST - ST - Speech Therapy, Outpatient	Approved		Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Physical Therapy & Rehab
AR	Medicaid	R252 - Cramp and spasm	oyilamic activities to improve ronculoral periorinalize, act it 3 initiates 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Hospital/Acute Care
AR	Medicaid	function F82 - Specific developmental disorder of motor function	processing disorder; individual STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment

AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied	Medical Necessity Not Establish Children Intensive Behavioral
R	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
R	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
₹	Medicaid	Q039 - Congenital hydrocephalus, unspecified	naroware E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
R	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E1028 - Wheelchair accessory, manual swingaway, retractable or removable	Approved	Durable Medical Equipment
			mounting hardware, other		
	Medicaid	Q039 - Congenital hydrocephalus, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
R	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
₹	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
ıR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
ıR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved	Hospital/Acute Care
R	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway	Approved	Hospital/Acute Care
IR.	Medicaid	F82 - Specific developmental disorder of motor	pressure therapy or bilevel v PTOT - PTOT	Approved	Physical Therapy & Rehab
		function			
₹	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Physical Therapy & Rehab
R	Medicaid	F82 - Specific developmental disorder of motor function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Physical Therapy & Rehab
R	Medicaid	M5481 - Occipital neuralgia	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Denied	Medical Necessity Not Establish Neurology
R	Medicaid	M5481 - Occipital neuralgia	PAIN - PAIN - Facet Joint Injections	Denied	Medical Necessity Not Establish Neurology
R	Medicaid	G809 - Cerebral palsy, unspecified	PTOT - PTOT	Approved	Hospital/Acute Care
ıR	Medicaid	G809 - Cerebral palsy, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Hospital/Acute Care
R	Medicaid	G809 - Cerebral palsy, unspecified	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved	Hospital/Acute Care
R	Medicaid	G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Hospital/Acute Care
R	Medicaid	G809 - Cerebral palsy, unspecified	97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Approved	Hospital/Acute Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for si	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
ıR	Medicaid	R32 - Unspecified urinary incontinence	T4524 - Adult sized disposable incontinence product, brief/diaper, extra large, each	Approved	Durable Medical Equipment
ıR	Medicaid	R32 - Unspecified urinary incontinence	A4554 - Disposable underpads, all sizes	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR.	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
IR.	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
ıR	Medicaid	R6332 - Pediatric feeding disorder, chronic	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
3	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
R	Medicaid	R1310 - Dysphagia, unspecified	B4150 - Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an entera	Approved	Durable Medical Equipment
AR.	Medicaid	R1310 - Dysphagia, unspecified	B4155 - Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, argini	Approved	Durable Medical Equipment
\R	Medicaid	R1310 - Dysphagia, unspecified	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR.	Medicaid	F840 - Autistic disorder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		Children Intensive Behavioral
			, , , , , , , , , , , , , , , , , , , ,		
IR.	Medicaid	F840 - Autistic disorder	PTO - PTO - Physical Therapy, Outpatient Non Par Provider	Approved	Children Intensive Behavioral

AR	Medicaid	M069 - Rheumatoid arthritis, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q213 - Tetralogy of Fallot	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved		Durable Medical Equipment
AR	Medicaid	Q213 - Tetralogy of Fallot	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	Q213 - Tetralogy of Fallot	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy		Approved		Hospital/Acute Care
AR	Medicaid	K828 - Other specified diseases of gallbladder	47563 - Laparoscopy, surgical; cholecystectomy with cholangiography	Approved		Mental Health Clinic
AR	Medicaid	K828 - Other specified diseases of gallbladder	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Mental Health Clinic
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask,			Durable Medical Equipment
		status	chest shell) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency Outpt Behav Hith Agency
AR	Medicaid	combined type F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Physical Therapy Assistant
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy Assistant
AR	Medicaid	R0902 - Hypoxemia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	percent or greater oxygen concentration at the prescribed flow rate T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	M1712 - Unilateral primary osteoarthritis, left knee		Approved		Hospital/Acute Care
AR	Medicaid	M1712 - Unilateral primary esteparthritic left know	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Hospital/Acute Care
An	ivieuicaiu	wi1/12 - Offinate at primary Ostebartiffus, left knee	exercises to develop strength and endurance, range of motion and flexibility			
AR	Medicaid	M5124 - Other intervertebral disc displacement, thoracic region	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F919 - Conduct disorder, unspecified	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
AR	Medicaid	L600 - Ingrowing nail	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	L600 - Ingrowing nail	11750 - Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	Approved		Hospital/Acute Care
AR	Medicaid	Z012 - Encounter for dental examination and cleaning	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	Z012 - Encounter for dental examination and cleaning	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	R41841 - Cognitive communication deficit	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Physical Therapy Assistant
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Physical Therapy Assistant
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	B4150 - Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an entera	Approved		Home Infusion
AR	Medicaid	J0390 - Acute tonsillitis, unspecified	42826 - Tonsillectomy, primary or secondary; age 12 or over	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	J0390 - Acute tonsillitis, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	J0390 - Acute tonsillitis, unspecified	42826 - Tonsillectomy, primary or secondary; age 12 or over	Approved		Ambulatory Surgical Center
AR	Medicaid	J0390 - Acute tonsillitis, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR		F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)			Masters Level Clinicians
AR	Medicaid	G809 - Cerebral palsy, unspecified	OV - OVICE VISIG, Practitioner (indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Denied	Medical Necessity Not Establish	
AR	Medicaid	F840 - Autistic disorder		Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	F840 - Autistic disorder	OT - OT - Occupational Therapy, Outpatient	Approved		Occupational Therapist
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
		predominantly hyperactive type				
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	81479 - Unlisted molecular pathology procedure	Approved		Hospital/Acute Care
AR	Medicaid	Z7409 - Other reduced mobility	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Z7409 - Other reduced mobility	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab

AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Pe	ersonal Care
AR	Medicaid	G360 - Neuromyelitis optica [Devic]	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Pe	ersonal Care
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Pe	ersonal Care
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved	N	urse
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	N	urse
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Denied	Medical Necessity Not Establish N	urse
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Denied	Medical Necessity Not Establish N	urse
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Pe	ersonal Care
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	De	ev Rehab Svs
AR	Medicaid	F802 - Mixed receptive-expressive language	processing disorder; individual 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	De	ev Rehab Svs
AR	Medicaid	F802 - Mixed receptive-expressive language	auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved	De	ev Rehab Svs
AR	Medicaid	disorder F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Pe	ersonal Care
AR	Medicaid	F802 - Mixed receptive-expressive language	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Sp	peech Language Pathologist
AR	Medicaid	disorder F802 - Mixed receptive-expressive language	processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved	Sp	peech Language Pathologist
AR	Medicaid	J449 - Chronic obstructive pulmonary disease,	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved	Di	urable Medical Equipment
AR	Medicaid	unspecified F840 - Autistic disorder	percent or greater oxygen concentration at the prescribed flow rate T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved	Pe	ersonal Care
AR	Medicaid	G80 - Cerebral palsy	treatment (code may T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved	Pe	ersonal Care
AR	Medicaid	M47812 - Spondylosis without myelopathy or	PAIN - PAIN - Facet Joint Injections	Approved	Ai	nesthesiology
AR	Medicaid	radiculopathy, cervical region M47812 - Spondylosis without myelopathy or radiculopathy, cervical region	64635 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Approved	Aı	nesthesiology
AR	Medicaid	M47812 - Spondylosis without myelopathy or radiculopathy, cervical region	64636 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately	Approved	Ai	nesthesiology
AR	Medicaid	R279 - Unspecified lack of coordination	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		ccupational Therapist
AR AR	Medicaid Medicaid	R279 - Unspecified lack of coordination R279 - Unspecified lack of coordination	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved		ccupational Therapist ccupational Therapist
AR	Medicaid	F200 - Paranoid schizophrenia	dynamic activities to improve functional performance), each 15 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Pe	ersonal Care
AR	Medicaid	M7918 - Myalgia, other site	plan of treatment (code may 20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Denied	Medical Necessity Not Establish N	eurology
AR AR	Medicaid Medicaid	M7918 - Myalgia, other site F909 - Attention-deficit hyperactivity disorder,	PAIN - PAIN - Facet Joint Injections T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Denied Approved	Medical Necessity Not Establish No	eurology ersonal Care
AR	Medicaid	unspecified type P0734 - Preterm newborn, gestational age 31	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT	Approved		nysical Therapy & Rehab
		completed weeks				
AR	Medicaid	P0734 - Preterm newborn, gestational age 31 completed weeks	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			nysical Therapy & Rehab
AR	Medicaid	E11621 - Type 2 diabetes mellitus with foot ulcer	G0299 - Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Approved		ersonal Care
AR	Medicaid	R188 - Other ascites	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved	Di	urable Medical Equipment
AR	Medicaid	R188 - Other ascites	B9998 - NOC for enteral supplies	Approved		urable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		utpt Behav Hith Agency
AR AR	Medicaid Medicaid	F4322 - Adjustment disorder with anxiety F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved		utpt Behav Hith Agency ersonal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	Li	censed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Lie	censed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	dynamic activities to improve functional performance), each 15 minutes 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Li	censed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Lie	censed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	oyialine activities to improve functional performance), each 15 minutes 97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Li	censed Behavioral Analyst
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder Q039 - Congenital hydrocephalus, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT	Approved Approved		utpt Behav Hlth Agency nysical Therapy & Rehab
an	wicuitalu	2000 congenitar nyarocephalus, unspecified		. hbi oved	Pi	Therapy & Reliab

	Medicaid	Q039 - Congenital hydrocephalus, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Physical Therapy & Rehab
	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	CHRO - CHRO - Chiropractic Services Non Par Provider	Approved		Chiropractor
	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinical Cnslr LPCC
	Medicaid	H518 - Other specified disorders of binocular	67314 - Strabismus surgery, recession or resection procedure; 1 vertical muscle			Hospital/Acute Care
	Medicaid	movement H518 - Other specified disorders of binocular	(excluding superior oblique) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	ivieuicaiu	movement	OFAS - OrAS - Outpatient Ambulatory Services (555 units)	Approved		nospital/Acute care
	Medicaid	R279 - Unspecified lack of coordination	PTOT - PTOT	Approved		Physical Therapy & Rehab
	Medicaid	R279 - Unspecified lack of coordination	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
	Medicaid	Q8719 - Other congenital malformation syndromes predominantly associated with short stature	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
	Medicaid	F88 - Other disorders of psychological development	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapist
			dynamic activities to improve functional performance), each 15 minutes			
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid		 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 			Speech Language Pathologist
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
	Medicaid	G809 - Cerebral palsy, unspecified	B4152 - Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and m	Approved		Home Infusion
	Medicaid	F72 - Severe intellectual disabilities	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Critical Access
	Medicaid	F72 - Severe intellectual disabilities	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved		Hospital/Critical Access
	Medicaid	F72 - Severe intellectual disabilities	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Critical Access
	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Medicaid Medicaid	K029 - Dental caries, unspecified F802 - Mixed receptive-expressive language	41899 - Unlisted procedure, dentoalveolar structures 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved Approved		Hospital/Acute Care Speech Language Pathologist
	Medicaid	disorder F802 - Mixed receptive-expressive language F802 - Mixed receptive-expressive language	92507 - Heatment of speech, language, voice, communication, and/or adultory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
	Medicaid	disorder 1639 - Cerebral infarction, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
	Medicaid Medicaid	N471 - Phimosis N471 - Phimosis	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit;	Denied Denied	Medical Necessity Not Establish Medical Necessity Not Establish	
	Medicald	1177 1 111110313	older than 28 days of age	Demea	Wedled Weeessity Not Establish	Trospital/redic care
	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
	Medicaid	M7742 - Metatarsalgia, left foot	L3020 - Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Approved		Supplier Prosthetic/Orthotic
	Medicaid	M7742 - Metatarsalgia, left foot	L3257 - Orthopedic footwear, additional charge for split size	Approved		Supplier Prosthetic/Orthotic
	Medicaid	M7742 - Metatarsalgia, left foot	L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved		Supplier Prosthetic/Orthotic
		E040 0 10 11 0 10 10 1				Outpt Behav Hith Agency
	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		
		Z98890 - Other specified postprocedural sta	OPAS - OPAS - Outpatient Ambulatory Services (999 units) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care Hospital/Acute Care
	Medicaid Medicaid		OPAS - OPAS - Outpatient Ambulatory Services (999 units)			Hospital/Acute Care
	Medicaid Medicaid Medicaid	Z98890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) OPAS - OPAS - Outpatient Ambulatory Services (999 units) 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the	Approved Approved		Hospital/Acute Care Hospital/Acute Care
	Medicaid Medicaid Medicaid Medicaid	Z98890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome Z98890 - Other specified postprocedural sta	OPAS - OPAS - Outpatient Ambulatory Services (999 units) OPAS - OPAS - Outpatient Ambulatory Services (999 units) 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the	Approved Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care
t t t t t t t t t t t t t t t t t t t	Medicaid Medicaid Medicaid Medicaid Medicaid	Z98890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome Z98890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) OPAS - OPAS - Outpatient Ambulatory Services (999 units) 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ 93597 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the	Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	298890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome 298890 - Other specified postprocedural sta Q234 - Hypoplastic left heart syndrome Q234 - Hypoplastic left heart syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) OPAS - OPAS - Outpatient Ambulatory Services (999 units) 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ 93596 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ 93597 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal nat 93597 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the	Approved Approved Approved Approved Approved		Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care

AR	Medicaid	Z98890 - Other specified postprocedural sta	92998 - Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Approved	Hospital/Acute Care
AR	Medicaid	Q234 - Hypoplastic left heart syndrome	92998 - Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Approved	Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved	Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	00170 - Anesthesia for intraoral procedures, including biopsy; not otherwise specified	Approved	Hospital/Acute Care
AR	Medicaid		E0630 - Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Approved	Home Infusion
AR	Medicaid	R3981 - Functional urinary incontinence	T4532 - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Approved	Durable Medical Equipment
AR	Medicaid	F4323 - Adjustment disorder with mixed anxiety and depressed mood	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	R3981 - Functional urinary incontinence	T4526 - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	R3981 - Functional urinary incontinence	A4554 - Disposable underpads, all sizes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved	Durable Medical Equipment Personal Care
AK	ivieuicaiu	G40 - Epilepsy and recurrent seizures	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
			plan of treatment (code may		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Gastroenterology
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Gastroenterology
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of me	Approved	Gastroenterology
AR	Medicaid	Q040 - Congenital malformations of corpus callosum	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Registered Non-Credentialed
AR	Medicaid	M24571 - Contracture, right ankle	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	M24571 - Contracture, right ankle	27685 - Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Physical Therapy & Rehab
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid		42821 - Tonsillectomy and adenoidectomy; age 12 or over	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Children Intensive Behavioral
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AR	Medicaid	adenoids	42821 - Tonsillectomy and adenoidectomy; age 12 or over	Approved	Ambulatory Surgical Center
AR	Medicaid	M150 - Primary generalized (osteo)arthritis	$T1019U3-Personal \ care services, per 15\ minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may$	Approved	Personal Care
AR	Medicaid	R3981 - Functional urinary incontinence	T1019 - T1019 Personal Care Services, per 15 minutes	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved	Ambulatory Surgical Center
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved	Ambulatory Surgical Center
AR	Medicaid	Q909 - Down syndrome, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	M150 - Primary generalized (osteo)arthritis	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Physical Therapy & Rehab

AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
AR	Medicaid	H7111 - Cholesteatoma of tympanum, right ear	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Otolaryngology
AR	Medicaid	H7111 - Cholesteatoma of tympanum, right ear	69631 - Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular	Approved	Otolaryngology
AD	Madigaid	117411 Chalastastama of tumpanum vieht aas	chain reconstruction	Anneound	Otelenwanian
AR	Medicaid	H7111 - Cholesteatoma of tympanum, right ear	21235 - Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Approved	Otolaryngology
AR AR	Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso C7889 - Secondary malignant neoplasm of other	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved Approved	Psych Res Treatment Facility Personal Care
AK	ivieuicaiu	digestive organs	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may		reisuliai Cale
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	z0000 - Encounter for general adult medical examination without abnormal findings	dynamic activities to improve functional performance), each 15 minutes 97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	flexibility 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Early Int. Day Tmt (EIDT)
AIL	Wicuicald	examination without abnormal findings	exercises to develop strength and endurance, range of motion and flexibility	Арргочец	Edity III. Boy III. (Elb.)
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B4161U7 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	B9998U2 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	B4035EP - Enteral feeding supply kit; pump fed, per day, includes but not	Approved	Durable Medical Equipment
		examination without abnormal findings	limited to feeding/flushing syringe, administration set tubing, dressings, tape		
AR AR	Medicaid Medicaid	G803 - Athetoid cerebral palsy G803 - Athetoid cerebral palsy	E1031 - Rollabout chair, any and all types with castors 5 in or greater E1399 - Durable medical equipment, miscellaneous	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Children Intensive Behavioral
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Children Intensive Behavioral
AIT	iviculculu	examination without abnormal findings	dynamic activities to improve functional performance), each 15 minutes	Арргочеи	Ciliaren intensive benavioral
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998U4 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B4161U9 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	include fiber, administered throug 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Therapy PT, OT, SLP
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Therapy PT, OT, SLP
		examination without abnormal findings	dynamic activities to improve functional performance), each 15 minutes		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Therapy PT, OT, SLP
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Therapy PT, OT, SLP
AR	Medicaid	Z0000 - Encounter for general adult medical	E1390NU - Oxygen concentrator, single delivery port, capable of delivering 85	Approved	Durable Medical Equipment
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	percent or greater oxygen concentration at the prescribed flow rate E0430NU - Portable gaseous oxygen system, purchase; includes regulator,	Approved	Durable Medical Equipment
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	flowmeter, humidifier, cannula or mask, and tubing 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Outpt Behav Hith Agency
		examination without abnormal findings	exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved	Outpt Behav Hith Agency
AR	Medicaid	Z0000 - Encounter for general adult medical	flexibility B9998U2 - NOC for enteral supplies	Approved	Durable Medical Equipment
AN	ivieuicaiu	examination without abnormal findings	b99802 - NOC for enteral supplies	Approved	
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved	Early Int. Day Tmt (EIDT)
			flexibility		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Outpt Behav Hlth Agency
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Outpt Behav Hith Agency
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes E0465UB - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
		examination without abnormal findings	tracheostomy tube)		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F70 - Mild intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	L209 - Atopic dermatitis, unspecified	95044 - Patch or application test(s) (specify number of tests)	Approved	Dermatology
AR AR	Medicaid Medicaid	H9190 - Unspecified hearing loss, unspecified ear H9190 - Unspecified hearing loss, unspecified ear	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general	Approved Approved	Hospital/Acute Care Hospital/Acute Care
			anesthesia		
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied	Medical Necessity Not Establish Children Intensive Behavioral

AR						
	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Denied	Medical Necessity Not Establish	Children Intensive Behavioral
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	I4891 - Unspecified atrial fibrillation	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	I4891 - Unspecified atrial fibrillation	93656 - Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of	Approved		Hospital/Acute Care
AR	Medicaid	I4891 - Unspecified atrial fibrillation	93655 - Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a sp	Approved		Hospital/Acute Care
AR	Medicaid	I4891 - Unspecified atrial fibrillation	93657 - Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolati	Approved		Hospital/Acute Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
4.0	8.6 - d' 1.7	physiological development in childhood	processing disorder; individual			Mantana Laural Clini
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley	Approved		Masters Level Clinicians Supplier Prosthetic/Orthotic
		Q9351 - Angelman syndrome	shell, each	Approved		
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	R1310 - Dysphagia, unspecified	B9998 - NOC for enteral supplies	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	C021 - Malignant neoplasm of border of tongue	B4036 - Enteral feeding supply kit; gravity fed, per day, includes but not limited		Wiculcal Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	C021 - Malignant neoplasm of border of tongue	to feeding/flushing syringe, administration set tubing, dressings, tape B4152 - Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and m	Approved		Durable Medical Equipment
AR	Medicaid	C021 - Malignant neoplasm of border of tongue	E0776 - IV pole	Approved		Durable Medical Equipment
AR	Medicaid	M7910 - Myalgia, unspecified site	64999 - Unlisted procedure, nervous system	Denied	Medical Necessity Not Establish	
AR	Medicaid	F331 - Major depressive disorder, recurrent,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Social Worker LISW/LCSW
AR	Medicaid	moderate F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask,			Durable Medical Equipment
AR	Medicaid	F4010 - Social phobia, unspecified	chest shell) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0077 - Front caster assembly, complete, with solid tire, each	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15	Approved		Durable Medical Equipment
AR			minutes			
AIV.	Medicaid	F331 - Major depressive disorder, recurrent, moderate		Approved		Masters Level Clinicians
AR	Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory			Masters Level Clinicians Adult Dev Day Tmt (ADDT)
		moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)			
AR	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR AR	Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without	Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
AR AR AR	Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic
AR AR AR	Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Approved Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than	Approved Approved Approved Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Approved Approved Approved Approved Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric)	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Approved Approved Approved Approved Approved Approved Approved Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment
AR AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric)	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric)	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device	Approved Approved Approved Approved Approved Approved Approved Approved Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment
AR AR AR AR AR AR AR AR AR	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency
AR	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood N21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder R1310 - Dysphagia, unspecified	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient 13216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fists, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency Home Infusion
AR	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [I-IIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder R1310 - Dysphagia, unspecified	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency Home Infusion
AR A	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood N21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder R1310 - Dysphagia, unspecified B079 - Viral wart, unspecified	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape OPAS - OPAS - Outpatient Ambulatory Services (999 units) 11420 - Excision, benign lesion including margins, except skin tag (unless listed	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency Home Infusion CRNA Anesthetist
AR A	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder R1310 - Dysphagia, unspecified B079 - Viral wart, unspecified B079 - Viral wart, unspecified B079 - Viral wart, unspecified	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape OPAS - OPAS - Outpatient Ambulatory Services (999 units) 11420 - Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less E0601 - Continuous airway pressure (CPAP) device	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency Home Infusion CRNA Anesthetist CRNA Anesthetist
AR A	Medicaid	moderate R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood M21752 - Unequal limb length (acquired), left femur P9163 - Severe hypoxic ischemic encephalopathy [HIE] Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip Q379 - Unspecified cleft palate with unilateral cleft lip G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) F913 - Oppositional defiant disorder R1310 - Dysphagia, unspecified B079 - Viral wart, unspecified B079 - Viral wart, unspecified	minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient L3216 - Orthopedic footwear, ladies shoe, depth inlay, each A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures 21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal E0601 - Continuous airway pressure (CPAP) device E0562 - Humidifier, heated, used with positive airway pressure device OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape OPAS - OPAS - OUtpatient Ambulatory Services (999 units) 11420 - Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	Approved		Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT) Supplier Prosthetic/Orthotic Durable Medical Equipment Hospital/Acute Care Hospital/Acute Care Durable Medical Equipment Durable Medical Equipment Outpt Behav Hith Agency Home Infusion CRNA Anesthetist CRNA Anesthetist Durable Medical Equipment

AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	[Werdnig-Hoffman] G120 - Infantile spinal muscular atrophy, type I	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved	Durable Medical Equipment
		[Werdnig-Hoffman]			
AR	Medicaid	I200 - Unstable angina	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	1200 - Unstable angina	93458 - Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Approved	Hospital/Acute Care
AR	Medicaid	Q044 - Septo-optic dysplasia of brain	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or	Approved	Internal Medicine
AR	Medicaid	F840 - Autistic disorder	examination and moderate le 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved	Licensed Behavioral Analyst
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	other qualified health care E0600 - Respiratory suction pump, home model, portable or stationary, electric	Annroyed	Durable Medical Equipment
		status	. , , , , , , , , , , , , , , , , , , ,	•••	
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level o	Approved	Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic	11720 - Debridement of nail(s) by any method(s); 1 to 5	Approved	Podiatry
AR	Medicaid	polyneuropathy E1142 - Type 2 diabetes mellitus with diabetic	11721 - Debridement of nail(s) by any method(s); 6 or more	Approved	Podiatry
A.D.	Modicald	polyneuropathy	OV OV Office Visit Prostitioner (Indicate number of visits outborized)	Approved	Outst Dahay Ulth Agassy
AR AR	Medicaid Medicaid	F918 - Other conduct disorders G802 - Spastic hemiplegic cerebral palsy	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) K0108 - Wheelchair component or accessory, not otherwise specified	Approved Approved	Outpt Behav Hith Agency Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0070 - Rear wheel assembly, complete, with pneumatic tire, spokes or	Approved	Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	molded, each E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire	Approved	Durable Medical Equipment
			(removable), any type, any size, each		
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0077 - Front caster assembly, complete, with solid tire, each	Approved	Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0052 - Swingaway, detachable footrests, each	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	G802 - Spastic hemiplegic cerebral palsy M79671 - Pain in right foot	K0040 - Adjustable angle footplate, each L4361 - Walking boot, pneumatic and/or vacuum, with or without joints, with	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AIL	Wicalcala	W/30/1 Tall III light loot	or without interface material, prefabricated, off-the-shelf	Approved	Burasic Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
AR AR	Medicaid	F250 - Schizoaffective disorder, bipolar type G800 - Spastic quadriplegic cerebral palsy	OV - OFfice Visit, Practitioner (Indicate number of visits authorized) L2037 - Knee-ankle-foot orthotic (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Approved Approved	Outpt Behav Hlth Agency Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2570 - Addition to lower extremity, pelvic control, hip joint, Clevis type 2 position joint, each	Approved	Supplier Prosthetic/Orthotic
AR AR	Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy	12999 - Lower extremity orthotic, not otherwise specified 12430 - Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Approved Approved	Supplier Prosthetic/Orthotic Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2624 - Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	J359 - Chronic disease of tonsils and adenoids, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish Hospital/Acute Care
AR	Medicaid	J359 - Chronic disease of tonsils and adenoids, unspecified	42821 - Tonsillectomy and adenoidectomy; age 12 or over	Denied	Medical Necessity Not Establish Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
AR	Medicaid	function P279 - Unspecified chronic respiratory disease	dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved	Durable Medical Equipment
AR	Medicaid	originating in the perinatal period P279 - Unspecified chronic respiratory disease	percent or greater oxygen concentration at the prescribed flow rate E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved	Durable Medical Equipment
AR	Medicaid	originating in the perinatal period P279 - Unspecified chronic respiratory disease	flowmeter, humidifier, cannula or mask, and tubing E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
		originating in the perinatal period			
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	77155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
AR	Medicaid	I00 - Rheumatic fever without heart involvement	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Pediatrics
AR	Medicaid	100 - Rheumatic fever without heart involvement	90287 - Botulinum antitoxin, equine, any route	Approved	Pediatrics
AR	Medicaid	R1310 - Dysphagia, unspecified	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask,	Approved	Durable Medical Equipment
	Medicaid	K029 - Dental caries, unspecified	chest shell) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR					· · · · · · · · · · · · · · · · · · ·

Mid-Mark 1942 Standards completed by 1942 Soft present supply relations by 1942 Mid-Mark Mark Mark Mark Mark Mark Mark Mark	R	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved	Hospital/Acute Care
Michael College Personagen regarded at College	R					
Website 1000-1 interrugions unspecified to 1000-1 i	2	Medicaid	F3481 - Disruptive mood dysregulation diso	A0428 - Ambulance service, basic life support, nonemergency transport, (BLS)	Denied	Medical Necessity Not Establish Ambulance Land
Website 1000-1 interrugions unspecified to 1000-1 i		Modicaid	E2491 Digruptive mood dygrogulation dica	A042E Ground mileage per statute mile	Donied	Modical Necessity Not Establish Ambulance Land
Medical Disposition programmer in properties and better interest to the control of the contr						
Marical Disposition an imperial set also 1710s Description of sections and product and an internal content and an internal						
Controlled to 1920. Historyalpois unpercified the Controlled STPS Controlled S						
Medical Disposition supported state 1970 Accordance in supported state 1970 Accordance		Medicaid	D1800 - Hemangioma unspecified site		Approved	Hospital/Acute Care
Michael (Michael (Mic		Medicaid	D1800 - Hemangioma unspecified site		Approved	Hospital/Acute Care
Medical GRO-1-general participation of the common and the common a		Medicaid	D1800 - Hemangioma unspecified site		Approved	Hospital/Acute Care
Cent Bell Michael DGE - Spotic hemplogic centrol play Michael DGE - Spotic hemplogic centrol play Michael DGE - Spotic hemplogic centrol play Michael DGE - Spotic play believed to the spotial play belie						Durable Medical Equipment
Consideration Consideratio		Medicaid	G800 - Spastic quadriplegic cerebral palsy		Approved	Durable Medical Equipment
Medical GAR (1992) appealant, platent (1992) and proposed in p		Medicaid	G802 - Spastic hemiplegic cerebral palsy	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
Medical GRO - Special quantification and service of producting service and service of producting services of produ		Medicaid	Q540 - Hypospadias, balanic		Approved	Hospital/Acute Care
Medical GNO synapsedus, balance 5922-1348 death (proposale on parties of correct application of some proposale of the parties		Medicaid	Q540 - Hypospadias, balanic		Approved	Hospital/Acute Care
Medicul GRO Spanic qualityrige coverbus polity F1234* Wissoulaw, preference on Communication of the State of Wissoulaw, preference on Communication of Communicatio		Medicaid	Q540 - Hypospadias, balanic		Approved	Hospital/Acute Care
Medical GIO Spatial gaudripgie cerebral pally 1231 - Mountain Machania of State Spatial gaudripgie cerebral pally 1241 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1251 - Mountain Machania of Spatial gaudripgie cerebral pally 1252 - Mountain Machania of Spatial gaudripgie cerebral pally 1253 - Mountain Machania of Spatial gaudripgie cerebral pally 1253 - Mountain Machania of Spatial gaudripgie cerebral pally 1254 - Mountain Machania of Spatial gaudripgie cerebral pally 1254 - Mountain Machania of Spatial gaudripgie cerebral pally 1255 - Mountain Machania of Spatial gaudripgie cerebral pally 1255 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1256 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaudripgie cerebral pally 1257 - Mountain Machania of Spatial gaud		Medicaid	Q540 - Hypospadias, balanic		Approved	Hospital/Acute Care
Medical GBO Spanic quadripagic cerebral paley 1222 Wheeldeard irramportation sequement system, any type, includes all Approved Medical GBO Spanic quadripagic cerebral paley 1223 Wheeldeard irramportation sequement system, any type, includes site Approved Medical GBO Spanic quadripagic cerebral paley 1224 Wheeldeard irramportation sequement system, any type, includes site Approved Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support take (replaces site) Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support take (replaces site) Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support take (replaces site) Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support take (replaces site) Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support take (replaces site) Medical GBO Spanic quadripagic cerebral paley 1224 Sequement system, description of the support system		Medicaid	F419 - Anxiety disorder, unspecified		Approved	Mental Health
Melicial G800 - Spastic quadripegic cerebral palty Melicial G800 - Sp				E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without		
Medical General pathy (2231 - Manna wheekhar accessory, you'de set support aber previous sile. Approved Durable Medical Equipment Medical General pathy (2231 - Manna wheekhar accessory, you'de path support aber previous path support about path support and path support about path support and support about path suppor		Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1022 - Wheelchair transportation securement system, any type, includes all	Approved	Durable Medical Equipment
Medicual GBD. Spastic quadriplegic cerebral palsy. Medicual GBD. Spas		Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling	Approved	Durable Medical Equipment
Medicad 600 - Spastic quadriglegic cerebral pally 600 - Agrantial wheelshaft sugment Medicad 600 - Spastic quadriglegic cerebral pally 600 - Tentoc starts aerophic, complete, with sold one each Approved Durable Medical Equipment Medicad 600 - Spastic quadriglegic cerebral pally 600 - Tentoc starts aerophic, complete, with sold of the each Approved Durable Medical Equipment Medicad 600 - Spastic quadriglegic cerebral pally 600 - Tentoc starts aerophic period period of the sold of the period of the sold of		Medicald	G800 - Spastic quadrinlegic cerebral paley		Angroyed	Durable Medical Equipment
Medical GIOD - Spastic quadriflegic cerebral pally Medica						
Medicial 6000 - Spastic quadripliegic cerebral palay (2014) - Medicial for promoter of accessory, not offenewise specifical Approved (2014) - Medicial for Spastic quadripliegic cerebral palay (2014) - Medicial for Spa						
Medical disposition process of pastic quantificing correboral palay (2016). Whetchair component or accessory, not otherwise specified (2005). Sparsic quadriplingic correboral palay (2014). Horizontal (2005). Sparsic quadriplingic correboral palay (2005). Whetchair accessory, placed from the participant (2005). Sparsic quadriplingic correboral palay (2006). Whetchair accessory, placed from the participant (2005). Whetchair accessory, the participant (2005). Sparsic quadriplingic correboral palay (2005). Whetchair accessory, the participant (2005). Sparsic quadriplingic correboral palay (2005). Whetchair accessory, the participant						
Melicial GBD - Spatic quadriplegic cerebrial pally Andreware Melicial GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recovery, learned truth or hip support, any type, including Approved Durable Medical Engineert Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, learned truth or hip support, any type, including Approved Durable Medical Engineert Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, learned truth or hip support, any type, including Approved Durable Medical Engineert Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore and truth or hip support, any type, including flower Durable Medical Engineert Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore the mounting hardware for headerst, cushoned, any type Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore the removable mounting hardware for headerst, cushoned, any type Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore the removable mounting hardware for learned truth or hip support, any type Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore that her entroped to the flavore truth of the mounting hardware for learned truth or hip support, any type Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore that her entroped to the flavore truth of the mounting hardware for learned truth or hip support, any type Medical GBD - Spatic quadriplegic cerebrial pally CBSS - Melechal recessory, flavore that her entroped to the flavore truth of the flavore				7. 11.0		
Medical 6800 - Spatic quadriplegic cerebral palsy E2233 - Sade, controvered, for pediatric size wheelchair including fleed attaching Approved Durable Medical Equipment Medical 6800 - Spatic quadriplegic cerebral palsy E0056 - Wheelchair accessory, lateral trunk or hip support, any type, including Approved Durable Medical Equipment Medical 6800 - Spatic quadriplegic cerebral palsy E0056 - Wheelchair accessory, positioning behilvafrey behil/parky tatrap, including Approved Durable Medical Equipment E0056 - Wheelchair accessory, positioning behilvafrey behilvafrey behilvafrey the hips provided Durable Medical Equipment E0056 - Wheelchair accessory, positioning behilvafrey behilvafrey behilvafrey behilvafrey behilvafrey E0056 - Wheelchair accessory, positioning behilvafrey E0056 - Wheelchair accessory, positioning behilvafrey E0056 - Wheelchair accessory, positioning and positioning behilvafrey E0056 - Wheelchair accessory, positioning and positioning the positioning positioning the positioning positioning the positionin				E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching		
Medicaid 6800 - Spastic quadriplegic cerebral palyy (2005 - Wheeldaria accessory, publicative pelty/selfey belty/selfey be		Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching	Approved	Durable Medical Equipment
Medical G800 - Spastic quadriplegic cerebral pably 500 - Spastic quadrip		Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including	Approved	Durable Medical Equipment
Medicaid G800 - Spastic quadriplegic cerebral palsy Medicaid G800 - Spastic quadripl		Medicaid	G800 - Spastic quadriplegic cerebral palsy		Approved	Durable Medical Equipment
Medicald G800 - Spastic quadriplegic cerebral palsy E055 - Wheelchair accessory, headware, each mounting hardware, each mounting hardware, ench mounting hardware for headerist, cushineed, any type mounting hardware, ench mounting		Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved	Durable Medical Equipment
Medicaid 6800 - Spastic quadriplegic cerebral palsy E1034 - Medicaid Spastic quadriplegic cerebral palsy E1034 - Medicaid Spastic quadriplegic cerebral palsy E1035 - Medicaid Spassic quadriplegic cerebral palsy E103		Medicaid		any type mounting hardware		
Medicaid 6800 - Spastic quadriolegic cerebral palsy Medicaid 7800 - Unspace filed ack of expected normal physiological development in childhood Medicaid 7800 - Unspace filed ack of expected normal physiological development in childhood Medicaid 7800 - Spastic male filed f				mounting hardware, each		
Medicaid 6800 - Spastic quadriplegic cerebral palsy Medicaid 6913 - Oppositional deflant disorder Medicaid 7913 - Oppositional deflant disorder Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250 - Unspecified lack of expected normal physiological development in childhood Medicaid 86250				mounting hardware for headrest, cushioned, any type		
Medicald 6800 - Spastic quadriplegic cerebral palsy Medicald F913 - Oppositional deflant disorder Medicald R6250 - Unspecified lack of expected normal physiological development in childhood processing disorder; individual physiological development in childhood processing disorder individual physiological development in childhood physiological development in childhood physiological development in chil				mounting hardware, each		
Medical Medical G800 - Spastic quadriplegic cerebral palsy E1028 - Wheelchair accessory, nanual swingaway, retractable or removable Approved Durable Medical Equipment mounting hardware, other 90791 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hith Agency 90855 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hith Agency 90855 - Psychiatric evaluation of hospital records, other psychiatric reports, Approved Outpt Behav Hith Agency 90855 - Psychiatric evaluation of hospital records, other psychiatric reports, Approved Outpt Behav Hith Agency 90855 - Psychiatric evaluation of hospital records, other psychiatric reports, Approved Adult Dev Day Tim (ADDT) Adult Dev Day				mounting hardware for lateral trunk or hip support, any type		
Medical P313 - Oppositional defiant disorder 9079 - Psychiatric diagnostic evaluation Approved Outpt Behav Hith Agency Medical P313 - Oppositional defiant disorder 90792 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hith Agency Psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes diagnostic purposes of the psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical physiological development in childhood processing disorder, individual disposal						
Medicaid F913 - Oppositional defiant disorder 90791 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hith Agency		Medicaid	G800 - Spastic quadriplegic cerebral palsy		Approved	Durable Medical Equipment
Medicald F913 - Oppositional deflant disorder 90782 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hith Agency Medicald F913 - Oppositional deflant disorder 90885 - Psychiatric diagnostic evaluation of hospital records, other psychiatric reports. Approved Outpt Behav Hith Agency Medicald R6250 - Unspecified lack of expected normal physiological development in childhood Psychometric and/or projective tests, and other accumulated data for medical physiological development in childhood Approved Adult Dev Day Tmt (ADDT) processing disorder; individual Medicald R6250 - Unspecified lack of expected normal physiological development in childhood F5 - S - Speech Therapy, Outpatient Approved Adult Dev Day Tmt (ADDT) processing disorder; individual Medicald R6250 - Unspecified lack of expected normal physiological development in childhood E0565 - Compressor, air power source for equipment which is not self-approved Approved Durable Medical Equipment Medicald R6902 - Hypoxemia E0445 - Oximeter device for measuring blood oxygen levels noninvasively Approved Durable Medical Equipment Medicald G40909 - Epilepsy, unspecified, not intractable, without status epilepticus E0445 - Oximeter device for measuring blood oxygen levels noninvasively without status epilepticus Approved Durable Medical Equ		Medicaid	F913 - Oppositional defiant disorder		Approved	Outpt Behav HIth Agency
Medicaid F913 - Oppositional defant disorder posses - Syschiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes Medicaid R6250 - Unspecified lack of expected normal physiological development in childhood processing disorder; individual physiological development in childhood processing disorder; individual physiological development in childhood physiological development in				, · · · · · · · · · · · · · · · · · · ·		
Medicald Med		Medicaid	F913 - Oppositional defiant disorder	psychometric and/or projective tests, and other accumulated data for medical	Approved	Outpt Behav Hith Agency
Medicaid Medicaid J9611 - Chronic respiratory failure with hypoxia or physiological development in childhood physiological development in childhood J9611 - Chronic respiratory failure with hypoxia physiological development in childhood J9611 - Chronic respiratory failure with hypoxia or hypercapina Medicaid J9610 - Chronic respiratory failure, unspecified Medica		Medicaid	·	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Adult Dev Day Tmt (ADDT)
Medicaid R0902 - Hypoxemia E045 - Compressor, air power source for equipment which is not self- Medicaid R0902 - Hypoxemia E045 - Colimeter device for measuring blood oxygen levels noninvasively Approved Outpt Behav Hith Agency Medicaid F3481 - Disruptive mood dysregulation diso Medicaid G40905 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid F1020 - Alcohol dependence, uncomplicated Medicaid F1020 - Alcohol depende		Medicaid			Approved	Adult Dev Day Tmt (ADDT)
Medicaid R0902 - Hypoxemia E0445 - Oximeter device for measuring blood oxygen levels noninvasively Approved Outpt Behav HIth Agency Medicaid F3389 - Other reactions to severe stress OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) Approved Outpt Behav HIth Agency Medicaid F3481 - Disruptive mood dysregulation diso OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) Approved Outpt Behav HIth Agency Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus without status epilepticus experiment of G40909 - Epilepsy, unspecified, not intractable, without status epilepticus (E0439 - Orotable gaseous oxygen system, purchase; includes regulator, without status epilepticus (E0445 - Oximeter device for measuring blood oxygen levels noninvasively Approved Durable Medical Equipment without status epilepticus (E0449 - Orotable gaseous oxygen system, purchase; includes regulator, without status epilepticus (E0445 - Oximeter device for measuring blood oxygen levels noninvasively Denied Medical Necessity Not Establish Durable Medical Equipment without status epilepticus (E0445 - Oximeter device for measuring blood oxygen levels noninvasively Denied Medical Necessity Not Establish Durable Medical Equipment without status epilepticus (E0445 - Oximeter device for measuring blood oxygen levels noninvasively Denied Medical Necessity Not Establish Durable Medical Equipment percent or greater oxygen concentrator, single delivery port, capable of delivering 85 Denied Medical Necessity Not Establish Durable Medical Equipment percent or greater oxygen concentrator, single delivery port, capable of delivering 85 Denied Medical Necessity Not Establish Durable Medical Equipment percent or greater oxygen concentrator, single delivery port, capable of delivering 85 Denied Medical Necessity Not Establish Durable Medical Equipment pe		Medicaid		E0565 - Compressor, air power source for equipment which is not self-	Approved	Durable Medical Equipment
Medicaid F4389 - Other reactions to severe stress OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) Approved Outpt Behav Hith Agency Ov Durb Behav Hith Agency Ov OV - Office Visit, Practitioner (Indicate number of visits authorized) Approved Outpt Behav Hith Agency Ov Durb Behav Hith Agency Ov Durb Behav Hith Agency Durb Behav Hith Agency Ov Durb Behavilt Notes Durb B				contained or cylinder driven		
MedicaidF3481 - Disruptive mood dysregulation disoOV - OV - Office Visit, Practitioner (Indicate number of visits authorized)ApprovedOutpt Behav Hith AgencyMedicaidG40909 - Epilepsy, unspecified, not intractable, without status epilepticusE0445 - Oximeter device for measuring blood oxygen levels noninvasively without status epilepticusApprovedDurable Medical EquipmentMedicaidG40909 - Epilepsy, unspecified, not intractable, without status epilepticusE1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rateApprovedDurable Medical EquipmentMedicaidG40909 - Epilepsy, unspecified, not intractable, without status epilepticusE0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubingApprovedDurable Medical EquipmentMedicaidG40909 - Epilepsy, unspecified, not intractable, without status epilepticusE0445 - Oximeter device for measuring blood oxygen levels noninvasivelyDeniedMedical Necessity Not Establish Durable Medical EquipmentMedicaidG40909 - Epilepsy, unspecified, not intractable, without status epilepticusE1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rateDeniedMedical Necessity Not Establish Durable Medical Equipment Medical Equipment Medical Equipment Medical Equipment Medical Equipment Proposed Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing drug device, alternative, utilizing drug definitication methods able to						
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen system, purchase; includes regulator, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Ep						
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus flowmeter, humidiffer, cannula or mask, and tubing Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus flowmeter, humidiffer, cannula or mask, and tubing Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus flowmeter, humidiffer, cannula or mask, and tubing Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus M			G40909 - Epilepsy, unspecified, not intractable,			Durable Medical Equipment
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus		Medicaid	G40909 - Epilepsy, unspecified, not intractable,		Approved	Durable Medical Equipment
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentrator, single delivery port, capable of delivering 85 penied Medical Necessity Not Establish Durable Medical Equipment without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing Medicaid F1020 - Alcohol dependence, uncomplicated G0481 - Drug test(s), definitive, uniquidual drugs and distinguish between structural isomers (but not necessarily stereoisomers Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia		Medicaid	G40909 - Epilepsy, unspecified, not intractable,	E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved	Durable Medical Equipment
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus percent or greater oxygen concentrator, single delivery port, capable of delivering 85 Denied Medical Necessity Not Establish Durable Medical Equipment percent or greater oxygen concentration at the prescribed flow rate Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus flowmeter, humidifier, cannula or mask, and tubing Medicaid F1020 - Alcohol dependence, uncomplicated flowmeter, humidifier, cannula or mask, and tubing Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medical Equipment		Medicaid	G40909 - Epilepsy, unspecified, not intractable,		Denied	Medical Necessity Not Establish Durable Medical Equipment
Medicaid G40909 - Epilepsy, unspecified, not intractable, without status epilepticus flowmeter, humidifier, cannula or mask, and tubing flowmeter, humidifier, cannula or mask, and tubing flowmeter with hypoxia or hypercapnia whether with hypoxia or hypercapnia flow flow flow flow flow flow flow flow		Medicaid	G40909 - Epilepsy, unspecified, not intractable,		Denied	Medical Necessity Not Establish Durable Medical Equipment
Wedicaid F1020 - Alcohol dependence, uncomplicated G0481 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers Medicaid 19610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia E0600 - Respiratory suction pump, home model, portable or stationary, electric Approved whether with hypoxia or hypercapnia E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medicaid Equipment E0482 - Cough stimulating device, alternating positive and negative airway Approved E0482 - Cough stimulating device, alternating positive and negative airway Approved E0482 - Cough stimulating device, alternating positive and negative airway Approved E0482 - Cough stimulating device, alternating positive and negative airway Approved E0482 - Cough s		Medicaid			Denied	Medical Necessity Not Establish Durable Medical Equipment
identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia whether			without status epilepticus	flowmeter, humidifier, cannula or mask, and tubing		
Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia (best shell) Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medical Equipment		cuicalu	/ itcomor dependence, uncomplicated	identify individual drugs and distinguish between structural isomers (but not	Jerneu	The Establish Laboratory
Medicaid J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with number of the provided size of the provided whether with hypoxia or hypercapnia Medicaid J9610 - Chronic respiratory failure, unspecified whether with number of the provided provided whether with number of the provided provided provided whether with number of the provided prov		Medicaid		E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask,	Approved	Durable Medical Equipment
Medicaid J9610 - Chronic respiratory failure, unspecified E0482 - Cough stimulating device, alternating positive and negative airway Approved Durable Medical Equipment		Medicaid	J9610 - Chronic respiratory failure, unspecified	· · · · · · · · · · · · · · · · · · ·	Approved	Durable Medical Equipment
whether with hypoxia or hypercapnia pressure		Medicaid	J9610 - Chronic respiratory failure, unspecified		Approved	Durable Medical Equipment

AR	Medicaid	J9610 - Chronic respiratory failure, unspecified	E0560 - Humidifier, durable for supplemental humidification during IPPB	Approved		Durable Medical Equipment
AR	Medicaid	whether with hypoxia or hypercapnia H5015 - Alternating exotropia	treatment or oxygen delivery 67311 - Strabismus surgery, recession or resection procedure; 1 horizontal	Approved		Hospital/Acute Care
A.D.	B.A. allas Inl	70000 Farmata for annual adult and line	muscle	A		FDCDT Fook Don Con Directore
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	· ·	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	99204 - Office or other outpatient visit for the evaluation and management of a	Approved		EPSDT-Early Per Scr, Diag, Treat
,	Medicald	examination without abnormal findings	new patient, which requires a medically appropriate history and/or examination and moderate level of me	7.66.0704		Ersor Eury Fersonsg, rede
AR	Medicaid	R6251 - Failure to thrive (child)	B4152 - Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and m	Denied	Medical Necessity Not Establish	Home Infusion
AR	Medicaid	complications	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Q9388 - Other microdeletions	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	Q9388 - Other microdeletions	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid		STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved		Speech Language Pathologist
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	90837 - Psychotherapy, 60 minutes with patient	Approved		Licensed Social Worker
AR	Medicaid		90837 - Psychotherapy, 60 minutes with patient	Approved		Licensed Social Worker
AR AR	Medicaid Medicaid	F330 - Major depressive disorder, recurrent, mild K580 - Irritable bowel syndrome with diarrhea	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved Approved		Mental Health Gastroenterology
AR	Medicaid	K580 - Irritable bowel syndrome with diarrhea	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Gastroenterology
AR	Medicaid	· · · · · · · · · · · · · · · · · · ·	99203 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical			Gastroenterology
AR	Medicaid	F800 - Phonological disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F800 - Phonological disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	M5412 - Radiculopathy, cervical region M5412 - Radiculopathy, cervical region	PTOT - PTOT 97161 - PT EVAL LOW COMPLEX 20 MIN	Approved Approved		Hospital/Acute Care Hospital/Acute Care
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			Hospital/Acute Care
AR	Medicaid	M1990 - Unspecified osteoarthritis, unspecified site	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR AR	Medicaid Medicaid		90837 - Psychotherapy, 60 minutes with patient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Mental Health Mental Health
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	K0510 - Chronic gingivitis, plaque induced	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Critical Access
AR AR	Medicaid Medicaid	K0510 - Chronic gingivitis, plaque induced Q8719 - Other congenital malformation syndromes	41899 - Unlisted procedure, dentoalveolar structures E1236 - Wheelchair, pediatric size, folding, adjustable, with seating system	Approved Approved		Hospital/Critical Access Durable Medical Equipment
		predominantly associated with short stature		.,		4.7
AR	Medicaid	Q8719 - Other congenital malformation syndromes predominantly associated with short stature	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q8719 - Other congenital malformation syndromes predominantly associated with short stature	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
AR	Medicaid	Q8719 - Other congenital malformation syndromes predominantly associated with short stature	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinical Cnslr LPCC
AR AR	Medicaid Medicaid	Q043 - Other reduction deformities of brain Q043 - Other reduction deformities of brain	E1161 - Manual adult size wheelchair, includes tilt in space E2231 - Manual wheelchair accessory, solid seat support base (replaces sling	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	seat), includes any type mounting hardware E2211 - Manual wheelchair accessory, pneumatic propulsion tire, any size, each			Durable Medical Equipment
AR	Medicaid		E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire	Approved		Durable Medical Equipment
AR			(removable), any type, any size, each			
AR AR	Medicaid Medicaid	Q043 - Other reduction deformities of brain Q043 - Other reduction deformities of brain	K0040 - Adjustable angle footplate, each E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete			Durable Medical Equipment
AR AR	Medicaid Medicaid	Q043 - Other reduction deformities of brain Q043 - Other reduction deformities of brain	assembly, each E2209 - Accessory, arm trough, with or without hand support, each E1028 - Wheelchair accessory, manual swingaway, retractable or removable	Approved Approved		Durable Medical Equipment Durable Medical Equipment
			mounting hardware, other			
AR	Medicaid	Q043 - Other reduction deformities of brain	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment

Medical Cold 30 Cold control cold microsis and promotion of promotion
Medical Collection Collection of Committee of Param Collection Collection and Controlled Section 20 (1997) Collection Collecti
Method 003 - Other reduction offerential of front 1005 - Other reduction of formitted front 1005 - Other reduction 1005 - Other reduction of formitted front 1005 - Other reduction 1005 - Other reduction of formitted front 1005 - Other reduction 1005 - Other reduction of formitted front 1005 - Othe
As Medical Cells - Color renduction antimentic of trains - 1902. The transportion system which trained and process of management of trains - 1902. Whiteholder accessors, send the first system speciment by the rolling of the color of the co
All Medical Districtions of the common of th
Machael DiA-1 Ober reduction offormities of fram 1005-7 Whether are conserve, model in the hospiot, any type, reciding final Approved Durable Medical Regular Machael Control of the Ma
Modeland CM3 Delier reduction deformities of brain 1997. *Medical reasonary, medical things paper, say type, modeling fined approved Durable Medical Equal Medical Country of the Process
Moderate (GR32 Other reduction delominise of brain (Castal Service) (Casta
meaning hardware, such Medical OSA3 - Other reduction deformities of fram mounting hardware for facebook, cachinous, any type Agroved Dariel Medical Paid All Medical OSA3 - Other reduction deformities of fram mounting hardware for facebook, cachinous, any type Osa5 - Other reduction deformities of fram mounting hardware feedbooks Osa5 - Other reduction deformities of fram Medical OSA3 - Other reduction deformities of fram Osa5 - Other feedbook of control of the mounting hardware reductions Osa5 - Other reduction deformities of fram Osa5 - Other feedbook of control of the mounting hardware reductions Osa5 - Other reduction deformities of fram Osa5 - Other feedbook of control of the mounting hardware, and the proposition, and the property of the paid of the mounting hardware, and the property of the paid of the
Mail Medical GB3- Other reduction deformities of the CB3- Other reduction deformities and the CB3- Other reduction defo
mounting hardwards for honoless, complaned, any page Medical (0031-00mer reduction deleminis of train Medical (0031-00mer reduction deleminis of
Medical GNA1- Diese residence defermities of the mile, with mechanisat interval production and production of the miles of the miles with the methanisat production of the miles of the mile
Refine Welfacial DOLL-Other reduction deformation of brain 10056. Whelshalf assessment with the support, any type, including Agrowed Durable Medical Equipment of the Medical Conference of the
Medical Medical QOS - Other reduction deformities of brain in Mode mounting hardware, each in Mode in the property of provided processing the Medical Equipment of the Company of the Medical Equipment of the Medi
All Medical QNA3 Other reduction deformation of brain provided provided in the control of the co
Moderate Medical GASE - Other reflection deformation of brain and authority of basis patients on the support, any type 1848 - Medical GASE - Other reflection deformation of brain COUTE - Whether accessing postulations required the policy of the process of the
Medical Qibbl Other midurition deformation of parama 1907. Winderland accessor, positioning betty/unity put/unity-leve crapt, and Approved paramaterisation of protection of protection frameric region receiving immiliations outside in discussion, included protection of paramaterisation of protection of protection frameric region receiving immiliations outside including including including immiliations outside proteins, field, and a protection of paramaterisation of protection of paramaterisation of protection of paramaterisation of protection of paramaterisation of paramaterisatio
Medical R849 Cysis (throsts, unspecified policy for previous grants or present years) and in all natures and/or Approved proteins (throstic) price receiving simulation, includes and excessors and up. Medical R1310 Cysphaga, unspecified R313 Cysphaga, unspecified R
All Medical Ristle O-phylhaga, unspecified present the foliation of the present that a facility of the present plant of the foliation of the present that a facility of the present plant of the present plant of the foliation of the present plant of the plant of the present plant of
Medical R1310 Dyphaga, unspecified parties in the Study of Market Study (Market Study) with mistar durines, includes proteins, fiss, carbohydrates, vitamins and m Medical R1310 Dyphaga, unspecified 80988 NOE retrieval supplies Medical R1310 Dyphaga, unspecified 93984 Noe Retrieval supplies supplies with A common Approved Nove Noe Noe Noe Noe Noe Noe Noe Noe Noe No
RE Medicald R1310 - Opphagia, unspecified B998 - NCC for enteral supplies And Medicald F1310 - Opphagia, unspecified B998 - NCC for enteral supplies And Medicald F1310 - Opphagia, unspecified B998 - NCC for enteral supplies And Medicald F1310 - Opphagia, unspecified B998 - NCC for enteral supplies And Medicald F1310 - Opphagia, unspecified B998 - NCC for enteral supplies And B998 - NCC f
AR Medical R1310 - Opphagaju, unspecified 9998 - NOE for exterial supplies (see freefal supplies) (see freefal sup
Medicald 81310 - Opphage, unspecified 9898 - NOC for enteral supplies with the control of the co
Medical R3310 - Psychapia, emspecified 8832- Internet bringing cere in the forming administrative service, each of the properties of the p
Here decided Russian Support Supples Support S
Medical R1310 - Dysphagia, unspecified spain professional pharmacy services, concordandon, and all necessary supples, and equipment (tentral formula equipment equipment (tentral formula equipment equ
AR Medicald J9611 - Chronic respiratory failure with hypotal segment numeral formation of the segment of the se
Medicad G4713 - Recurrent hypersonmia 9510 Polycomongraphy, age 6 years or defer, sleep staging with 6 or more Approved Mental Health Clinic additional parameters of sleep, attended by a technologist and control of the stage of the stag
additional parameters of sleep, attended by a technologist Re Medicad J9611 - Chronic respiratory failure with hypoxia Re Medicad J9611 - Chronic respira
Medical Medical Jefs Chronic respiratory failure with hypoxia Spi22 Nursing care, in the home; by registered nurse, per hour (use for used) Murse
general nursing care only, not to be used when CPT codes 99500-99602 can be used Medicaid 9611 - Chronic respiratory failure with hypoxia
Second S
Medicald G888 - Other cerebral palsy 64642 - Chemodenervation of one extremity, 1-4 muscle(s) Approved Neurology (Medicald G888 - Other cerebral palsy 64642 - Chemodenervation of one extremity, 2-4 muscle(s) (East separately in addition to code for primary procedure) Revenue
Medical Medical G889 - Other corebral palsy G4643 - Chemodenevation of one extremity, each additional extremity, 14 Approved Personal Care Perso
muscle(s) (List separately in addition to code for primary procedure) Reflected F840 - Autstic disorder T101913 - Personal care reviews, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, (F/RM6 or IMD, part of the individualized plant of treatment (code may) Reflected F319 - Bipotar disorder, unspecified 99837 - Psychotherapy, 60 minutes with patient. Reflected F319 - Bipotar disorder, unspecified 99837 - Psychotherapy, 60 minutes with patient. Reflected F319 - Bipotar disorder, unspecified 99837 - Psychotherapy, 60 minutes with patient. Reflected F319 - Bipotar disorder, unspecified 99837 - Psychotherapy, 60 minutes with patient. Reflected F319 - Chronic respiratory failure with hypoxia size and provided patient of the sused when CPT codes 99500-99602 can be used. Reflected F319 - Chronic respiratory failure with hypoxia 59124 - Muring care, in the home; by pletisted nurse, per hour use for general nursing care only, not to be used when CPT codes 99500-99602 can be used. Reflected G4733 - Obstructive sleep appears (adult) (pediatric) E6061 - Continuous airway pressure (CPAP) device Approved Durable Medical Equip AR Medical Reflected F319 - Alteretion and concentration deflict. P707 - P70
Medicaid F840 - Autistic disorder 1319-1913 - Personal care services, per 15 minutes, not for an inpatient or plan of treatment (code may plan of treatment (code may plan of treatment (code may plan of treatment), urusing facility, (CPM or IMD, part of the individualized plan of treatment (code may plan of treatment), or minutes with patient Approved 1488 Medicaid P813 - Bipolar disorder, unspecified 9087 - Psychotherapy, 60 minutes with patient Approved 1488 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1488 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1488 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1488 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1488 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1489 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1489 Medicaid P815 - Chronic respiratory failure with hypoxia parent nursing care only, not to be used when CPT codes 99500-99602 can be used) 1489 Patronic P815 Patroni
resident of a hospital, nursing facility, ICF/MB or IMID, part of the individualized plan of treatment (Code may Medicaid F319 - Bipolar disorder, unspecified 90837 - Psychotherapy, 60 minutes with patient AR Medicaid 99611 - Chronic respiratory failure with hypoxia 9123 - Nursing care; in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) AR Medicaid 99611 - Chronic respiratory failure with hypoxia 9124-8 hivrsing care; in the home; by licensed practical nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) AR Medicaid 99611 - Chronic respiratory failure with hypoxia 9124-8 hivrsing care; in the home; by licensed practical nurse, per hour Approved Durable Medical Equip Market (Code of the Code of the
Plan of treatment (code may Plan of the base) Plan of treatment (code may Plan of treatment (code may Plan of treatment (code may Plan of the base) Plan of treatment (code may Plan of the base) Plan of the base (code may Plan of the base) Plan of the base (code may Plan of the base) Plan of treatment (code may Plan of treatment (code may Plan of the base) Plan of treatment (code may Plan of the base) Plan of treatment (code may Plan of the base) Plan of treatment (code may Plan of the base) Plan of the base (code may contain the plan of treatment (code may Plan of the base) Plan of the base (code may contain the plan of the base) Plan of the base (code may contain the plan of the base) Plan of the base (code may contain the plan of the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the base) Plan of the base (code may contain the
Medicaid 139-19-logical disorder, unspecified 90837 - Psychotherapy, 50 minutes with patient Approved Licensed Behavioral Act
Medical Medi
Medicald J9513 - Chronic respiratory failure with hypoxid S9124 - Mursing care, in the home; by licensed practical nurse, per hour Approved Durable Medical Equip
Medical J9611 - Chronic respiratory failure with hypoxia Syl-24 - Mursing care, in the home; by licensed practical nurse, per hour Approved Durable Medical Equip Medical G4733 - Obstructive sleep apnea (adult) (pediatri) E0601 - Continuous airway pressure (CPAP) device Approved Occupational Therapis AR Medical R41840 - Attention and concentration deficit your and concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration of concentration of concentration deficit or some of the decided R41840 - Attention and concentration deficit or some of the decided R41840 - Attention and concentration of yasanic activities to improve functional performance), each 15 minutes or some of function function or decided R41840 - Septic developmental disorder of motor function or dynamic activities to improve functional performance), each 15 minutes or some of function function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or some of function or dynamic activities to improve functional performance), each 15 minutes or dynamic activities to improve functional performance), each 15 minutes or dynamic activities to improve functional performance), each 15 minutes or dynamic activities to imp
AR Medical G4733 - Obstructive sleep apnea (adult) (pediatric) E0601 - Continuous ainway pressure (CPAP) device Approved Durable Medical Equip AR Medical R41840 - Attention and concentration deficit physmic activities to improve functional performance), each 15 minutes Careful Region P52 - Specific developmental disorder of motor function and Experimental Region P530 - Therapeutic activities, direct (one-on-one) patient contact (use of cervical region P530 - Therapeutic activities to improve functional performance), each 15 minutes Region P52 - Specific developmental disorder of motor function P52 - Specific developmental disorder of motor function P530 - Therapeutic activities, direct (one-on-one) patient contact (use of function P52 - Specific developmental disorder of motor function P530 - Therapeutic activities, direct (one-on-one) patient contact (use of function P530 - Specific developmental disorder of motor function P530 - Therapeutic activities, direct (one-on-one) patient contact (use of function P530 - Specific developmental disorder of motor function performance), each 15 minutes P530 - Specific developmental disorder of motor function performance), each 15 minutes P530 - Specific developmental disorder of motor function performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dynamic activities to improve functional performance), each 15 minutes P530 - Approved P530 - Rehab Svs dy
AR Medicaid R41840 - Attention and concentration deficit PTOT PTOT Approved Occupational Therapis dynamic activities to improve functional performance), each 15 minutes AR Medicaid R42840 - Attention and concentration deficit 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of cervical region 98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions Approved Occupational Therapis dynamic activities to improve functional performance), each 15 minutes AR Medicaid R22 - Specific developmental disorder of motor function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 47814 - Spondylosis without myelopathy or addiculopathy, thoracic region 77530 - Therapeutic activities, direct (one-on-one) patient contact (use of function function 47814 - Spondylosis without myelopathy or radiculopathy, thoracic region (2ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1ygapophyseal) joint (or nerves innervating that joint) with image guidance (1yga
AR Medicaid
Medical Re2 - Specific developmental disorder of motor function PTOT - PTOT PTOT Approved Dev Rehab Svs
AR Medicaid M9901 - Segmental and somatic dysfunction of cervical region
RR Medicaid F82 - Specific developmental disorder of motor function PTOT - PTOT PTOT APPOT PTOT PTOT PTOT PTOT PTO
AR Medicald F82 - Specific developmental disorder of motor function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of function 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities of improve functional performance), each 15 minutes 97530 - Therapeutic activities of improve functional performance), each 15 minutes 97530 - Therapeutic activities of improve functional performance), each 15 minutes 97530 - Therapeutic activities of improve functional performance), each 15 minutes 97530 - Therapeutic activities of improve functional performance), each 15 minutes 97530 - Therapeutic activities direct (one-on-one) patient contact (use of Approved 97530 - Therapeutic activities direct (one-on-one) patient contact (use of Approved 97530 - Therapeutic activities direct (one-on-one) 97530 - Therapeutic activities direct (one-on-one) 97530 - Therapeutic activation of therapeuti
Medical F82 - Specific developmental disorder of motor Sprace (function Pazz - Specific developmental disorder of motor Sprace (divides)
Medical R2 - Specific developmental disorder of motor dynamic activities to improve functional performance), each 15 minutes AR Medical R2 - Specific developmental disorder of motor dynamic activities to improve functional performance), each 15 minutes AR Medical M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medical M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medical M47814 - Spondylosis without myelopathy or addiculopathy, thoracic region AR Medical M47814 - Spondylosis without myelopathy or (2ygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medical M47814 - Spondylosis without myelopathy or (2ygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medical G800 - Spastic quadriplegic cerebral palsy AR Medical H40 - Glaucoma T101913 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may) Approved Approved Durable Medical Equip Personal Care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region M6490 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medicaid M647814 - Spondylosis without myelopathy or radiculopathy, thoracic region without myelopathy or region or CTI, cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care existences, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may) AR Wedicaid M40 - Glaucoma
Medical Medical Margana - Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, in microscopy or CT), cervical o Medical Spondylosis without myelopathy or radiculopathy, in microscopy or CT), cervical or prome stander, in microscopy or CT), cervical or prome stander, in microscopy or CT), cervical or Spondylosis without myelopathy or Popoved Medical Spondylosis without myelopathy or prome stander, in microscopy or CT), cervical or Spondylosis without myelopathy or Popoved Medical Spondylosis without myelopathy or prome stander, in microscopy or CT), cervical or Medical Spondylosis without myelopathy or prome stander, in microscopy or CT), cervical or Medical Spondylosis without myelopathy or prome stander, in microscopy or CT), cervical or M
AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region AR Medicaid G800 - Spastic quadriplegic cerebral palsy BOS - Spastic quadriplegic cerebral palsy E0638 - Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous APproved Durable Medical Equipment, miscellan
AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region 64490 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region (2ygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may) AR Medicaid H40 - Glaucoma Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region (2xgapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medicaid M47814 - Spondylosis without myelopathy or radiculopathy, thoracic region (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o AR Medicaid From Language (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy (fluoroscopy or CT), cervical o T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may APProved Durable Medical Equip Personal Care
radiculopathy, thoracic region (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CTJ, cervical o AR Medicaid M47814 - Spondylosis without myelopathy or 64491 - Injection(s), dispositio or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CTJ, cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy E0638 - Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may) AR Medicaid H40 - Glaucoma T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous P79 - Unspecified intellectual disabilities T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
radiculopathy, thoracic region (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o AR Medicaid G800 - Spastic quadriplegic cerebral palsy E038 - Standing frame; flushelb eystem, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care F79 - Unspecified intellectual disabilities resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid H40 - Glaucoma T1019u3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
AR Medicald G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Durable Medical Equipment, and Spanish Medical Equipment Medical Equipment Approved Personal Care and Spanish Medical Equipment Approved Per
AR Medicaid G800 - Spastic quadriplegic cerebral palsy E0638 - Standing frame/table system, one position (e.g., upright, supine or prone deficial Equipment of the individualized plan of treatment (code may) AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may) AR Medicaid H40 - Glaucoma Personal Care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may)
prone stander), any size including pediatric, with or without wheels AR Medicaid 6800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or Approved Personal Care Services, per 15 minutes, not for an inpatient or Personal Care Services, per 15 minutes,
AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment, miscellaneous Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may plan of treatment plan plan of treatment (code may plan plan plan plan plan plan plan plan
AR Medicaid F79 - Unspecified intellectual disabilities T1019U3 - Personal care services, per 15 minutes, not for an inpatient or Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid H40 - Glaucoma T1019U3 - Personal care services, per 15 minutes, not for an inpatient or Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may
resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid H40 - Glaucoma T1019U3 - Personal Care services, per 15 minutes, not for an inpatient or Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may
AR Medicaid H40 - Glaucoma T1019U3 - Personal Care services, per 15 minutes, not for an inpatient or Approved Personal Care resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may
resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may
plan of treatment (code may
, , , , , , , , , , , , , , , , , , ,
AR Medicaid G800 - Spastic quadriplegic cerebral palsy E1399 - Durable medical equipment, miscellaneous Approved Durable Medical Equipment
AR Medicaid N471 - Phimosis 54161 - Circumcision , surgical excision other than clamp, device, or dorsal slit; Denied Medical Necessity Not Establish Hospital/Acute Care
older than 28 days of age
AR Medicald N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Denied Medical Necessity Not Establish Hospital/Acute Care
AR Medicaid F913 - Oppositional defiant disorder 90792U4 - Psychiatric diagnostic evaluation with medical services Approved Outpt Behav Hlth Ager AR Medicaid G809 - Cerebral palsy, unspecified E1235 - Wheelchair, pediatric size, rigid, adjustable, with seating system Approved Durable Medical Equip
AR Medicaid G809 - Cerebral palsy, unspecified E1235 - Wheelchair, pediatric size, rigid, adjustable, with seating system Approved Durable Medical Equip AR Medicaid G809 - Cerebral palsy, unspecified K0108 - Wheelchair component or accessory, not otherwise specified Approved Durable Medical Equip
AR Medicaid 6809 - Cerebral palsy, unspecified E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each Approved Durable Medical Equip
AR Medicaid 6809 - Cerebral palsy, unspecified E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including Approved Durable Medical Equip
any type mounting hardware
AR Medicaid G809 - Cerebral palsy, unspecified E0966 - Manual wheelchair accessory, headrest extension, each Approved Durable Medical Equip

AR	Medicaid	R6250 - Unspecified lack of expected normal	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Speech Language Pathologist
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Speech Language Pathologist
A.D.	B d = old = old	physiological development in childhood	COTOT Treatment of course leaves and course leav	A	Canada Laurana a Bathalania
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1399 - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
AR	Medicaid	M546 - Pain in thoracic spine	plan of treatment (code may 98940 - Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Approved	Chiropractor
AR	Medicaid	M542 - Cervicalgia	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97161 - PT EVAL LOW COMPLEX 20 MIN	Approved	Physical Therapy & Rehab
AR		M542 - Cervicalgia	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	РТОТ - РТОТ	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	РТОТ - РТОТ	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Physical Therapy & Rehab
		physiological development in childhood	exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Anesthesiology
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified		Approved	Anesthesiology
AR	Medicaid	R6250 - Unspecified lack of expected normal	guidance (fluoroscopy or CT) including arthrography when performed ST - ST - Speech Therapy, Outpatient	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Early Int. Day Tmt (EIDT)
		physiological development in childhood	processing disorder; individual		
AR AR	Medicaid Medicaid	F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Occupational Therapist Occupational Therapist
AIL	iviculculu	175 Onspectived interfectual disabilities	dynamic activities to improve functional performance), each 15 minutes	Арргочец	Occupational merupist
AR	Medicaid	F1020 - Alcohol dependence, uncomplicated	H0015U4 - Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment p	Denied Administrative Denial	Mental Health Clinic
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	status Z9911 - Dependence on respirator [ventilator] status	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	tracheostomy tube) E0560 - Humidifier, durable for supplemental humidification during IPPB	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	treatment or oxygen delivery E0465UB - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	tracheostomy tube) 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
AR		G932 - Benign intracranial hypertension	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	M357 - Hypermobility syndrome	13000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	M357 - Hypermobility syndrome	L3202 - Orthopedic shoe, Oxford with supinator or pronator, child	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Physical Therapy & Rehab
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood	dynamic activities to improve functional performance), each 15 minutes 97535 - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal	instructions in use of assistive t 97112 - Therapeutic procedure, 1 or more areas, each 15 minutes;	Approved	Physical Therapy & Rehab
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for si 97140 - Manual therapy techniques (eg., mobilization/ manipulation, manual	Approved	Physical Therapy & Rehab
	medicalu	physiological development in childhood	lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	т.рр. отса	, s.cor merapy & neriab
AR	Medicaid	T82590A - Other mechanical complication of surgically created arteriovenous fistula, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Mental Health Clinic
AR	Medicaid	T82590A - Other mechanical complication of surgically created arteriovenous fistula, initial encounter	36904 - Thrmbc/nfs dialysis circuit	Approved	Mental Health Clinic
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (rode may	Approved	Personal Care
AK			plan of treatment (code may		
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved	Hospital/Acute Care
	Medicaid Medicaid Medicaid	G4730 - Sleep apnea, unspecified G4730 - Sleep apnea, unspecified N401 - Enlarged prostate with lower urinary tract		Approved Approved	Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care

AR	Medicaid	N401 - Enlarged prostate with lower urinary tract symptoms	52442 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to c	Approved		Hospital/Acute Care
AR	Medicaid	N401 - Enlarged prostate with lower urinary tract symptoms	implant (List separately in addition to C 52441 - Cystourethroscopy, with insertion of permanent adjustable transprostatic implant, single implant	Approved		Hospital/Acute Care
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	predominantly hyperactive type F802 - Mixed receptive-expressive language	ST - ST - Speech Therapy, Outpatient	Approved		Licensed Behavioral Analyst
AR	Medicaid	disorder F802 - Mixed receptive-expressive language	92507 - Treatment of speech, language, voice, communication, and/or auditory			Licensed Behavioral Analyst
AR	Medicaid	disorder	processing disorder; individual			
		F802 - Mixed receptive-expressive language disorder	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Licensed Behavioral Analyst
AR	Medicaid	F1020 - Alcohol dependence, uncomplicated	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Approved		Laboratory
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Physical Therapy & Rehab
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	R6251 - Failure to thrive (child)	B4154 - Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates,	Approved		Durable Medical Equipment
AR	Medicaid	R6251 - Failure to thrive (child)	B4155 - Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, argini	Approved		Durable Medical Equipment
AR	Medicaid	R6251 - Failure to thrive (child)	B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Approved		Durable Medical Equipment
AR	Medicaid	R6251 - Failure to thrive (child)	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	R6251 - Failure to thrive (child)	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid	F332 - Major depressive disorder, recurrent severe	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
		without psychotic features				
AR	Medicaid	J4590 - Unspecified asthma	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G43911 - Migraine, unspecified, intractable, with status migrainosus	T1019U3-Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	M7989 - Other specified soft tissue disorders	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	M7989 - Other specified soft tissue disorders	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	L910 - Hypertrophic scar	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 19342 - Insertion or replacement of breast implant on separate day from	Approved Approved		Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	H2512 - Age-related nuclear cataract, left eye	mastectomy OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	H2512 - Age-related nuclear cataract, left eye	65730 - Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	Approved		Hospital/Acute Care
AR	Medicaid	H2512 - Age-related nuclear cataract, left eye	66982 - Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Approved		Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved		Hospital/Acute Care
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved		Hospital/Acute Care
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	Therapy PT, OT, SLP
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	PTOT - PTOT	Denied	Medical Necessity Not Establish	Therapy PT, OT, SLP
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	Therapy PT, OT, SLP

A D	Modionid	F320 Major depressive disorder requirement	00701 Paudintria diagnostia avaluation	Annround	Outst Dobay I lith Agency
AR	Medicaid	F339 - Major depressive disorder, recurrent, unspecified	90791 - Psychiatric diagnostic evaluation	Approved	Outpt Behav Hith Agency
AR	Medicaid	F339 - Major depressive disorder, recurrent, unspecified	90792 - Psychiatric diagnostic evaluation with medical services	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Adult Dev Day Tmt (ADDT)
ΔR	Medicaid	Q909 - Down syndrome, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Adult Dev Day Tmt (ADDT)
			dynamic activities to improve functional performance), each 15 minutes		
AR AR	Medicaid Medicaid	G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies 20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Approved	Durable Medical Equipment Physical Medicine & Rehab
ıR	Medicaid	M542 - Cervicalgia M542 - Cervicalgia	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) 20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Approved Approved	Physical Medicine & Rehab
ıR	Medicaid	F4325 - Adjustment disorder with mixed	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav HIth Agency
		disturbance of emotions and conduct			
.R	Medicaid	G801 - Spastic diplegic cerebral palsy	E8000 - Gait trainer, pediatric size, posterior support, includes all accessories and components	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
R	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
ıR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
.R	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Children Intensive Behavioral
ıR	Medicaid	F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Children Intensive Behavioral
.R	Medicaid	F840 - Autistic disorder	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Children Intensive Behavioral
ıR	Medicaid	F411 - Generalized anxiety disorder	OV - OV Individual and Family Therapy	Approved	Outpt Behav Hith Agency
.R	Medicaid	J45 - Asthma	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Waiver Medical Necessity Not E. Personal Care
IR.	Medicaid	F913 - Oppositional defiant disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Waiver Medical Necessity Not E Personal Care
AR	Medicaid	J45 - Asthma	11019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F913 - Oppositional defiant disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
.R	Medicaid	F315 - Bipolar disorder, current episode depressed, severe, with psychotic features	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	C716 - Malignant neoplasm of cerebellum	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish Personal Care
·R	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Adult Dev Day Tmt (ADDT)
ıR	Medicaid	Q909 - Down syndrome, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	G4734 - Idiopathic sleep related nonobstructive alveolar hypoventilation	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
R	Medicaid	G4734 - Idiopathic sleep related nonobstructive alveolar hypoventilation	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
R	Medicaid	G4734 - Idiopathic sleep related nonobstructive	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
R	Medicaid	alveolar hypoventilation K625 - Hemorrhage of anus and rectum	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
.R	Medicaid	K625 - Hemorrhage of anus and rectum	45378 - Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or		Hospital/Acute Care
	Wedledia	NOES TREMOTHINGS OF UNUS AND TEXAULT	without collection of specimen(s) by brushing or washing, with or without colon decompression (separate	прриотеа	nospital/reduced.c
ıR	Medicaid	R079 - Chest pain, unspecified	93243 - External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Approved	Laboratory
R	Medicaid	M5412 - Radiculopathy, cervical region M5412 - Radiculopathy, cervical region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved Approved	Hospital/Acute Care
ıR ıR	Medicaid	M1904 - Primary osteoarthritis, hand	98943 - Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Hospital/Acute Care Personal Care
			plan of treatment (code may		
R R	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Therapy PT, OT, SLP Therapy PT, OT, SLP
ıR	Medicaid	F840 - Autistic disorder	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Therapy PT, OT, SLP
			dynamic activities to improve functional performance), each 15 minutes		
R	Medicaid	F4312 - Post-traumatic stress disorder, chronic	90837U4 - Psychotherapy, 60 minutes with patient	Approved	Licensed Social Worker
R R	Medicaid Medicaid	K029 - Dental caries, unspecified K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 41899 - Unlisted procedure, dentoalveolar structures	Approved Approved	Hospital/Acute Care Hospital/Acute Care
R	Medicaid	K029 - Dental caries, unspecified	00170 - Anesthesia for intraoral procedures, including biopsy; not otherwise	Approved	Hospital/Acute Care
R	Medicaid	Q909 - Down syndrome, unspecified	specified ST - ST - Speech Therapy, Outpatient	Approved	Adult Dev Day Tmt (ADDT)
IR.	Medicaid	Q909 - Down syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	F451 - Undifferentiated somatoform disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
R	Medicaid	D367 - Benign neoplasm of other specified sites	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
ιR	Medicaid	D367 - Benign neoplasm of other specified sites	60280 - Excision of thyroglossal duct cyst or sinus;	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	K0739U1 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Approved	Durable Medical Equipment
.R	Medicaid	F840 - Autistic disorder	E1399EP - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment

AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV Individual and Family Therapy	Approved	Mental Health
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	F82 - Specific developmental disorder of motor function	K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0952 - Toe loop/holder, any type, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed	Approved	Durable Medical Equipment
AR	Medicaid	function F82 - Specific developmental disorder of motor	mounting hardware, each E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor	E2622 - Skin protection wheelchair seat cushion, adjustable, width less than 22	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor	in, any depth E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching	Approved	Durable Medical Equipment
AR	Medicaid	function F82 - Specific developmental disorder of motor	hardware E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including	Approved	Durable Medical Equipment
AR	Medicaid	function F82 - Specific developmental disorder of motor	fixed mounting hardware, each E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved	Durable Medical Equipment
		function	any type mounting hardware		
AR	Medicaid	F82 - Specific developmental disorder of motor function	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	K0019 - Arm pad, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	A9900 - Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved	Durable Medical Equipment
AR	Medicaid	N200 - Calculus of kidney	52351 - Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic	Approved	Hospital/Acute Care
AR	Medicaid	N200 - Calculus of kidney	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98940 - Chiropractic manipulative treatment (CMT); spinal, 1-2 regions	Approved	Chiropractor
AR	Medicaid	F1020 - Alcohol dependence, uncomplicated	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied Medical Necessity Not Establish	Laboratory
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	$92507 - Treatment \ of speech, language, voice, communication, and/or auditory processing \ disorder; individual$		Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
AR	Medicaid	R1310 - Dysphagia, unspecified	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved	Home Infusion
AR AR	Medicaid Medicaid	F419 - Anxiety disorder, unspecified F79 - Unspecified intellectual disabilities	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved	Outpt Behav Hith Agency Personal Care
AR AR	Medicaid	Z931 - Gastrostomy status F840 - Autistic disorder	B9998 - NOC for enteral supplies PTOT - PTOT	Approved	Durable Medical Equipment
AR	Medicaid Medicaid	F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Licensed Behavioral Analyst Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Licensed Behavioral Analyst
AR	Medicaid	Z931 - Gastrostomy status	dynamic activities to improve functional performance), each 15 minutes B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited	Approved	Durable Medical Equipment
AR	Medicaid	Z931 - Gastrostomy status	to feeding/flushing syringe, administration set tubing, dressings, tape B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV Individual and Family Therapy	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F82 - Specific developmental disorder of motor	PTOT - PTOT	Approved	Licensed Behavioral Analyst
AR	Medicaid	function F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Licensed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Licensed Behavioral Analyst
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	additional parameters of sleep, attended by a technologist OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Registered Non-Credentialed
AR AR	Medicaid Medicaid	F419 - Anxiety disorder, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric)	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask	Approved Approved	Mental Health Durable Medical Equipment
AR	Medicaid	E1065 - Type 1 diabetes mellitus with	(intermittent assist device w E0784 - External ambulatory infusion pump, insulin	Approved	Durable Medical Equipment
		hyperglycemia Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	U909 - Down syndrome, unspecified			

AR	Medicaid	Q909 - Down syndrome, unspecified	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved		Physical Therapy & Rehab
			flexibility			
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	n Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	n Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	Supplier Prosthetic/Orthotic
AR	Medicaid	F4389 - Other reactions to severe stress	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	R296 - Repeated falls	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F259 - Schizoaffective disorder, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F259 - Schizoaffective disorder, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Physical Therapy & Rehab
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	F39 - Unspecified mood [affective] disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
			processing disorder; individual			
AR	Medicaid	F39 - Unspecified mood [affective] disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	F983 - Pica of infancy and childhood	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Family Practice
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Family Practice
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le	Approved		Family Practice
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Adult Dev Day Tmt (ADDT)
40	84-21	COOR Combination in 16 1	processing disorder; individual	A		Adult Day Day Tay (1997)
AR	Medicaid	G809 - Cerebral palsy, unspecified	ST - ST - Speech Therapy, Outpatient	Approved		Adult Dev Day Tmt (ADDT)
AR AR	Medicaid Medicaid	G931 - Anoxic brain damage, not elsewhere classified G931 - Anoxic brain damage, not elsewhere	E0240 - Bath/shower chair, with or without wheels, any size E1399 - Durable medical equipment, miscellaneous	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	classified G809 - Cerebral palsy, unspecified	E0483 - High frequency chest wall oscillation system, with full anterior and/or	Denied	Medical Necessity Not Establish	n Durable Medical Equipment Supplier
AR	Medicaid	F983 - Pica of infancy and childhood	to the state of th		medical recessity NOL Establish	Personal Care
			of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	R6339 - Other feeding difficulties	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	R6339 - Other feeding difficulties	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	G4713 - Recurrent hypersomnia	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved		Hospital/Acute Care
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	additional parameters of sleep, attended by a technologist S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	G8250 - Quadriplegia, unspecified	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment

AR	Medicaid	G8250 - Quadriplegia, unspecified	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid		E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid		E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	F88 - Other disorders of psychological development	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	F324 - Major depressive disorder, single episode, in partial remission	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	T8189XA - Other complications of procedures, not elsewhere classified, initial encounter	E2402 - Negative pressure wound therapy electrical pump, stationary or portable	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	T8189XA - Other complications of procedures, not	A6550 - Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	T8189XA - Other complications of procedures, not	A7000 - Canister, disposable, used with suction pump, each	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	elsewhere classified, initial encounter N3946 - Mixed incontinence	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Mental Health Clinic
AR	Medicaid	N3946 - Mixed incontinence	51728 - Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	Approved		Mental Health Clinic
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid		29824 - Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	Approved		Ambulatory Surgical Center
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	29828 - Arthroscopy, shoulder, surgical; biceps tenodesis	Approved		Ambulatory Surgical Center
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	29826 - Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release,	Approved		Ambulatory Surgical Center
AR	Medicaid	·	when performed (List separatel PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapist
AR	Medicaid	function G803 - Athetoid cerebral palsy	dynamic activities to improve functional performance), each 15 minutes E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	seating system E1022 - Wheelchair transportation securement system, any type, includes all	Approved		Durable Medical Equipment
			components and accessories			
AR	Medicaid		E2292 - Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid		E2291 - Back, planar, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0990 - Wheelchair accessory, elevating legrest, complete assembly, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	K0040 - Adjustable angle footplate, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	mounting hardware, each E0953 - Wheelchair accessory, lateral thigh or knee support, any type including	Approved		Durable Medical Equipment
AR	Medicaid		fixed mounting hardware, each E1034 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	mounting hardware for lateral trunk or hip support, any type E0957 - Wheelchair accessory, medial thigh support, any type, including fixed	Approved		Durable Medical Equipment
			mounting hardware, each			
AR	Medicaid	G803 - Athetoid cerebral palsy	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each			Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0950 - Wheelchair accessory, tray, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	110 - Essential (primary) hypertension	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Licensed Social Worker
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G4486 - Cervicogenic headache	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Approved		Hospital/Acute Care
AR	Medicaid	G4486 - Cervicogenic headache	20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Approved		Hospital/Acute Care
AR	Medicaid		97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Children Intensive Behavioral
AR	Medicaid		97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Children Intensive Behavioral
AR	Medicaid		97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the	Approved		Children Intensive Behavioral
A D	Marillo 11	FO13 Oppositional defines direct	patient present), face-to-face with gua	Anv		Outat Dahau I III-la A
AR AR	Medicaid Medicaid	F913 - Oppositional defiant disorder F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved Approved		Outpt Behav HIth Agency Speech Language Pathologist
			processing disorder; individual			
AR	Medicaid		ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	R620 - Delayed milestone in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	R620 - Delayed milestone in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid		97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q046 - Congenital cerebral cysts	E1235 - Wheelchair, pediatric size, rigid, adjustable, with seating system	Approved		Durable Medical Equipment

AR	Medicaid	Q046 - Congenital cerebral cysts	E1022 - Wheelchair transportation securement system, any type, includes all components and accessories	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR .	Medicaid	Q046 - Congenital cerebral cysts	K0040 - Adjustable angle footplate, each	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Approved	Durable Medical Equipment
.R	Medicaid	Q046 - Congenital cerebral cysts	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
R	Medicaid	Q046 - Congenital cerebral cysts	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
2	Medicaid	Q046 - Congenital cerebral cysts	K0065 - Spoke protectors, each	Approved	Durable Medical Equipment
R	Medicaid	Q046 - Congenital cerebral cysts	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware		Durable Medical Equipment
Α	Medicaid	Q046 - Congenital cerebral cysts	$\ensuremath{E2293}$ - Back, contoured, for pediatric size wheelchair including fixed attaching hardware		Durable Medical Equipment
R	Medicaid	F209 - Schizophrenia, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
₹	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	РТОТ - РТОТ	Approved	Physical Therapy & Rehab
2	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
₹	Medicaid	Q039 - Congenital hydrocephalus, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
2	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved	Durable Medical Equipment
?	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Approved	Durable Medical Equipment
ı	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
₹	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1016 - Shock absorber for power wheelchair, each	Approved	Durable Medical Equipment
	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1004 - Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Approved	Durable Medical Equipment
l	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2620 - Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	Approved	Durable Medical Equipment
2	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Early Int. Day Tmt (EIDT)
l	Medicaid	F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
	Medicaid	F840 - Autistic disorder	dynamic activities to improve functional performance), acard 13 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
	Medicaid	R0902 - Hypoxemia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
	Medicaid	R0902 - Hypoxemia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
	Medicaid	R0902 - Hypoxemia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
	Medicaid	R0902 - Hypoxemia	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved	Durable Medical Equipment
	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L1945 - Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Approved	Supplier Prosthetic/Orthotic
	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2280 - Addition to lower extremity, molded inner boot	Approved	Supplier Prosthetic/Orthotic
	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2820 - Addition to lower extremity orthotic, soft interface for molded plastic, below knee section	Approved	Supplier Prosthetic/Orthotic
	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved	Supplier Prosthetic/Orthotic
	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
	Medicaid	F71 - Moderate intellectual disabilities	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		Personal Care
	Medicaid		treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
	Medicaid	Z0000 - Encounter for general adult medical	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	EPSDT-Early Per Scr, Diag, Treat
	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	EPSDT-Early Per Scr, Diag, Treat
	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical examination without abnormal findings	99383 - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination,	Approved	EPSDT-Early Per Scr, Diag, Treat
l	Medicaid	Q749 - Unspecified congenital malformation of limb(s)	counseling/anticipatory guid K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15	Approved	Durable Medical Equipment
l .	Medicaid	Q749 - Unspecified congenital malformation of	minutes E1399 - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
,	Modicald	limb(s)	VEMO. Hearing aid monaural hadroners have and district	Approved	Hospital/Asuta Cars
i I	Medicaid	H900 - Conductive hearing loss, bilateral F840 - Autistic disorder	V5040 - Hearing aid, monaural, body worn, bone conduction PTOT - PTOT	Approved	Hospital/Acute Care Physical Therapy & Rehab
	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Physical Therapy & Rehab Physical Therapy & Rehab
	Medicaid	F840 - Autistic disorder	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Physical Therapy & Rehab
	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	dynamic activities to improve functional performance), each 15 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
2	Medicaid	R6259 - Other lack of expected normal physiological development in childhood	PTOT - PTOT	Approved	Occupational Therapist
	Medicaid	R6259 - Other lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
2	Medicaid	physiological development in childhood M069 - Rheumatoid arthritis, unspecified	dynamic activities to improve functional performance), each 15 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
R R	Wicalcala				
	Medicaid	R109 - Unspecified abdominal pain	plan of treatment (code may 91065 - Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	Approved	Gastroenterology
₹		R109 - Unspecified abdominal pain F840 - Autistic disorder	91065 - Breath hydrogen test (eg, for detection of lactase deficiency, fructose	Approved Approved	Gastroenterology Early Int. Day Tmt (EIDT)

AR	Medicaid	F32A - Depression, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
\R	Medicaid	F411 - Generalized anxiety disorder	90837 - Psychotherapy, 60 minutes with patient	Approved	Masters Level Clinicians
AR	Medicaid	F431 - Post-traumatic stress disorder (PTSD)	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR.	Medicaid	F8089 - Other developmental disorders of speech and language	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
ıR	Medicaid	R6252 - Short stature (child)	81479 - Unlisted molecular pathology procedure	Approved	Hospital/Acute Care
R	Medicaid	G6182 - Multifocal motor neuropathy	E0779 - Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours		Home Infusion
			or greater		
R	Medicaid	F4310 - Post-traumatic stress disorder, unspecified F952 - Tourette's disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav HIth Agency
ıR	Medicaid		T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may		Personal Care
ıR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR.	Medicaid	F419 - Anxiety disorder, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
IR.	Medicaid	M32 - Systemic lupus erythematosus (SLE)	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
ıR	Medicaid	G710 - Muscular dystrophy	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
R	Medicaid	F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
R	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
R	Medicaid	F941 - Reactive attachment disorder of childhood	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
R	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
ıR	Medicaid	E11 - Type 2 diabetes mellitus	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
R	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
R	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Occupational Therapist
R	Medicaid	Q909 - Down syndrome, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
R	Medicaid	Q909 - Down syndrome, unspecified	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
R	Medicaid	H35103 - Retinopathy of prematurity, unspecified,	dynamic activities to improve functional performance), each 15 minutes OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
R	Medicaid	bilateral H35103 - Retinopathy of prematurity, unspecified,	67228 - Treatment of extensive or progressive retinopathy, 1 or more sessions;		Hospital/Acute Care
		bilateral	(eg, diabetic retinopathy), photocoagulation		
R	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Licensed Social Worker
R	Medicaid	F482 - Pseudobulbar affect	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
2	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Licensed Social Worker
R	Medicaid	K551 - Chronic vascular disorders of intestine	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
2	Medicaid	F3481 - Disruptive mood dysregulation diso	90837 - Psychotherapy, 60 minutes with patient	Approved	Masters Level Clinicians
₹	Medicaid	F418 - Other specified anxiety disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
l	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
	Marilla 11	combined type	ODAS ODAS Outpostions Ambuildance (Constitution (Constitution)	Approved	Hespital/Acut- C
₹	Medicaid Medicaid	K5900 - Constipation, unspecified K5900 - Constipation, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 43239 - Upper gastrointestinal endoscopy including esophagus, stomach, and	Approved	Hospital/Acute Care Hospital/Acute Care
`	Wedicald	k5900 - Constipation, unspecified	43239 - Opper gastronitestina enuoscopy including esopriagus, storiacti, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	Approved	nospital/Acute Care
₹	Medicaid	K5900 - Constipation, unspecified	45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Approved	Hospital/Acute Care
R	Medicaid	K5900 - Constipation, unspecified	44500 - Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	Approved	Hospital/Acute Care
R	Medicaid	K5900 - Constipation, unspecified	91117 - Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if perfo	Approved	Hospital/Acute Care
R	Medicaid	K5900 - Constipation, unspecified	43241 - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placem	Approved	Hospital/Acute Care
R	Medicaid	K5900 - Constipation, unspecified	99215 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level	Approved	Hospital/Acute Care
R	Medicaid	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
	Medicaid	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
2	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64612 - Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	Approved	Physical Medicine & Rehab
R			CACAE Chamadanaryation of any autromity angle additional autromity E or	Approved	Physical Medicine & Rehab
R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)		
R R		G800 - Spastic quadriplegic cerebral palsy R634 - Abnormal weight loss		Approved	Durable Medical Equipment
R R R	Medicaid Medicaid Medicaid	R634 - Abnormal weight loss P90 - Convulsions of newborn	more muscle(s) (List separately in addition to code for primary procedure) B9998 - NOC for enteral supplies E1161 - Manual adult size wheelchair, includes tilt in space	Approved	Durable Medical Equipment
R R R	Medicaid Medicaid	R634 - Abnormal weight loss	more muscle(s) (List separately in addition to code for primary procedure) B9998 - NOC for enteral supplies		
R R R R	Medicaid Medicaid Medicaid	R634 - Abnormal weight loss P90 - Convulsions of newborn	more muscle(s) (List separately in addition to code for primary procedure) B9998 - NOC for enteral supplies E1161 - Manual adult size wheelchair, includes tilt in space E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including	Approved	Durable Medical Equipment
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	R634 - Abnormal weight loss P90 - Convulsions of newborn	more muscle(s) (List separately in addition to code for primary procedure) B9998 - NOC for enteral supplies E1161 - Manual adult size wheelchair, includes tilt in space E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each E0951 - Heel loop/holder, any type, with or without ankle strap, each E0952 - Toe loop/holder, any type, each	Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	R634 - Abnormal weight loss P90 - Convulsions of newborn	more muscle(s) (List separately in addition to code for primary procedure) 89998 - NOC for enteral supplies E1161 - Manual adult size wheelchair, includes tilt in space E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each E0951 - Heel loop/holder, any type, with or without ankle strap, each E0952 - Toe loop/holder, any type, each E0950 - Wheelchair accessory, tray, each	Approved Approved Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
R R R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	R634 - Abnormal weight loss P90 - Convulsions of newborn	more muscle(s) (List separately in addition to code for primary procedure) B9998 - NOC for enteral supplies E1161 - Manual adult size wheelchair, includes tilt in space E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each E0951 - Heel loop/holder, any type, with or without ankle strap, each E0952 - Toe loop/holder, any type, each	Approved Approved Approved Approved Approved Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment

AR	Medicaid	P90 - Convulsions of newborn	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	seat), includes any type mounting hardware E2211 - Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire	Approved	Durable Medical Equipment
			(removable), any type, any size, each		
AR AR	Medicaid Medicaid	P90 - Convulsions of newborn P90 - Convulsions of newborn	K0040 - Adjustable angle footplate, each E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete	Approved	Durable Medical Equipment Durable Medical Equipment
			assembly, each		
AR AR	Medicaid Medicaid	P90 - Convulsions of newborn P90 - Convulsions of newborn	E0971 - Manual wheelchair accessory, antitipping device, each E2622 - Skin protection wheelchair seat cushion, adjustable, width less than 22	Approved	Durable Medical Equipment Durable Medical Equipment
AIX	Wicalcala	130 Convaisions of newborn	in, any depth	Арргочец	Burasic Wedicar Equipment
AR	Medicaid	P90 - Convulsions of newborn	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	mounting hardware, each K0108U3 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E1028EP - Wheelchair accessory, manual swingaway, retractable or removable		Durable Medical Equipment
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of	mounting hardware, other OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
		adenoids			
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved	Ambulatory Surgical Center
AR	Medicaid	F329 - Major depressive disorder, single episode,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	unspecified Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	B009 - Herpesviral infection, unspecified	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Family Practice
AR	Medicaid	8009 - Herpesviral infection, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Family Practice
AR	Medicaid	B009 - Herpesviral infection, unspecified	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or	Approved	Family Practice
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	examination and moderate le OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
		combined type			
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S1002 - Customized item (list in addition to code for basic item)	Approved	Durable Medical Equipment
AR	Medicaid	Z931 - Gastrostomy status	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved	Home Infusion
AR	Medicaid	C4001 - Malignant neoplasm of scapula and long	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	bones of right upper limb C4001 - Malignant neoplasm of scapula and long	37241 - Vascular embolization or occlusion, inclusive of all radiological	Approved	Hospital/Acute Care
		bones of right upper limb	supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i		
AR	Medicaid	R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Speech Language Pathologist
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
		physiological development in childhood			
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Psychology (PhD)
AR	Medicaid	G808 - Other cerebral palsy	L3217 - Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G808 - Other cerebral palsy	L3257 - Orthopedic footwear, additional charge for split size	Approved	Supplier Prosthetic/Orthotic
AR AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AK	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	90837U4 - Psychotherapy, 60 minutes with patient	Approved	Outpt Behav Hith Agency
AR	Medicaid	Q2116 - Sinus venosus atrial septal defect, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	Q2116 - Sinus venosus atrial septal defect, unspecified	93597 - Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the	Approved	Hospital/Acute Care
AR	Medicaid	Q2116 - Sinus venosus atrial septal defect,	target zone(s); abnormal nat 93596 - Right and left heart catheterization for congenital heart defect(s)	Approved	Hospital/Acute Care
		unspecified	including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ		
AR	Medicaid	Q2116 - Sinus venosus atrial septal defect, unspecified	93580 - Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	Approved	Hospital/Acute Care
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	S9123 - Nursing care, in the home; by registered nurse, per hour (use for	Approved	Nurse
		status	general nursing care only, not to be used when CPT codes 99500-99602 can be used)		
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	predominantly hyperactive type G40901 - Epilepsy, unspecified, not intractable,	T4523 - Adult sized disposable incontinence product, brief/diaper, large, each	Approved	Durable Medical Equipment
AR		with status epilepticus G40901 - Epilepsy, unspecified, not intractable,	T4535 - Disposable liner/shield/guard/pad/undergarment, for incontinence,		
An	Medicaid	with status epilepticus	each	Approved	Durable Medical Equipment
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	29824 - Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)	Approved	Hospital/Acute Care
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	29823 - Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilag	Approved	Hospital/Acute Care
AR	Medicaid	M7541 - Impingement syndrome of right shoulder		Approved	Hospital/Acute Care
AR	Medicaid	M7541 - Impingement syndrome of right shoulder	29826 - Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release,	Approved	Hospital/Acute Care
AR	Medicaid	R32 - Unspecified urinary incontinence	when performed (List separatel T4526 - Adult sized disposable incontinence product, protective	Denied	Medical Necessity Not Establish Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	underwear/pull-on, medium size, each 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Licensed Behavioral Analyst
		examination without abnormal findings	dynamic activities to improve functional performance), each 15 minutes		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Licensed Behavioral Analyst
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Licensed Behavioral Analyst
			United the second of the secon		

AR	Medicaid	examination without abnormal findings	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Licensed Behavioral Analyst
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	PTOT - PTOT	Approved		Licensed Behavioral Analyst
4.0	A A - di - dal		OV OV Office Viola Decadal and Addition and Addition of Addition of Addition and Addition of Addition	A		Outst Dahar Hilliah Assault
AR AR	Medicaid Medicaid	G931 - Anoxic brain damage, not elsewhere	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Denied	Medical Necessity Not Establish	Outpt Behav Hith Agency Personal Care
AR	Medicaid	D571 - Sickle-cell disease without crisis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid		36561 - Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	Approved		Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4531 - Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Approved		Durable Medical Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid		of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$	Approved		Personal Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Approved		Durable Medical Equipment Supplie
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid		E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Denied	Medical Necessity Not Establish	Durable Medical Equipment Supplie
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Outpt Behav Hith Agency
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Outpt Behav Hith Agency
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid		97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	M9903 - Segmental and somatic dysfunction of lumbar region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	PTOT - PTOT	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	-	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z23 - Encounter for immunization	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Family Practice
AR	Medicaid	Z23 - Encounter for immunization	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Family Practice
AR	Medicaid	Z23 - Encounter for immunization	90619 - Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	Approved		Family Practice
AR	Medicaid	Z23 - Encounter for immunization	90715 - Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	Approved		Family Practice
AR	Medicaid	right great toe, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	right great toe, initial encounter	28755 - Arthrodesis, great toe; interphalangeal joint	Approved		Hospital/Acute Care
AR	Medicaid	S93131A - Subluxation of interphalangeal joint of right great toe, initial encounter	28285 - Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)	Approved		Hospital/Acute Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	phalangectonly) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid		L4361 - Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Approved		Durable Medical Equipment
AR	Medicaid	S92254A - Nondisplaced fracture of navicular [scaphoid] of right foot, initial encounter for closed fracture	E0114 - Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	Approved		Durable Medical Equipment
AR	Medicaid	classified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Multi-Specialty Group
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid	F79 - Unspecified intellectual disabilities	K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Approved		Durable Medical Equipment
	Medicaid	F79 - Unspecified intellectual disabilities	E2311 - Power wheelchair accessory, electronic connection between	Approved		Durable Medical Equipment

AR	Medicaid	F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities	E1228 - Special back height for wheelchair	Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	F/9 - Unspecified intellectual disabilities	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	•	Approved		Durable Medical Equipment
			fixed mounting hardware, each			4.6
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1028 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		Durable Medical Equipment
			mounting hardware, other			
AR AR	Medicaid Medicaid	F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment Durable Medical Equipment
AK	IVIEUICAIU	r79 - Onspecined intellectual disabilities	E2377 - Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1012 - Wheelchair accessory, addition to power seating system, center mount	Approved		Durable Medical Equipment
		·	power elevating leg rest/platform, complete system, any type, each			
AR	Medicaid	F79 - Unspecified intellectual disabilities	${\tt E0953}$ - Wheelchair accessory, lateral thigh or knee support, any type including	Approved		Durable Medical Equipment
			fixed mounting hardware, each			
AR	Medicaid	F79 - Unspecified intellectual disabilities	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1033 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		Durable Medical Equipment
			mounting hardware for headrest, cushioned, any type			
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1032 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		Durable Medical Equipment
			mounting hardware used with joystick or other drive control interface			
AR	Medicaid	K011 - Impacted teeth	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR AR	Medicaid	K011 - Impacted teeth	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AK	Medicaid	r4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Hospital/Acute Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized			
			plan of treatment (code may			
AR	Medicaid	G40 - Epilepsy and recurrent seizures	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or	Approved		Licensed Behavioral Analyst
αn	ivieultalu	1040 Autistic disorder	other qualified health care professional, each 15 minutes of the physician's or	Approved		Electised behavioral Allalyst
			other qualified health care			
AR	Medicaid	G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F209 - Schizophrenia, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	R0689 - Other abnormalities of breathing	E0483 - High frequency chest wall oscillation system, with full anterior and/or	Approved		Ventilator Equipment
			posterior thoracic region receiving simultaneous external oscillation, includes			
4 D	A A - alt - a ful	1440 Charala shaharatira ardanasan diasan	all accessories and sup	A		Daniera I Cara
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
		unspecineu	treatment (code may			
AR	Medicaid	R627 - Adult failure to thrive		Approved		Durable Medical Equipment
			to feeding/flushing syringe, administration set tubing, dressings, tape			
AR	Medicaid	R627 - Adult failure to thrive	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	E1043 - Type 1 diabetes mellitus with diabetic	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
		autonomic (poly)neuropathy	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Ventilator Equipment
		status	tracheostomy tube)			
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Denied	Medical Necessity Not Establish	Ventilator Equipment
		status	tracheostomy tube)			
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0483 - High frequency chest wall oscillation system, with full anterior and/or	Approved		Durable Medical Equipment Supplier
AN	iviculcalu	Good - Spastic quadriplegic cerebral paisy	posterior thoracic region receiving simultaneous external oscillation, includes	Approved		Durable Medical Equipment Supplier
AR			all accessories and sup			
	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of	all accessories and sup OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Medicaid	adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		
AR	Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of		Approved Approved		Hospital/Acute Care Hospital/Acute Care
	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
		adenoids J353 - Hypertrophy of tonsils with hypertrophy of	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or			
	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
AR	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier
AR AR	Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care
AR AR AR	Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMID, part of the individualized plan of treatment (code may	Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care
AR AR AR	Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple	Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care
AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified	Approved Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup 11019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT	Approved Approved Approved Approved Approved Approved Approved Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab
AR AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelman syndrome C9351 - Angelman syndrome R41844 - Frontal lobe and executive function deficit R41844 - Frontal lobe and executive function deficit	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal Care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment
AR	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder R40 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome Q9351 - Angelman syndrome R41844 - Frontal lobe and executive function deficit R41844 - Frontal lobe and executive function deficit J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Owgen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0443 - Potable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Physical Therapy & Rehab Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder G9351 - Angelman syndrome Q9351 - Angelman syndrome 1730 - Raynaud's syndrome R41844 - Frontal lobe and executive function deficit R41844 - Frontal lobe and executive function deficit J9611 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter oxygen concentration at the prescribed flow rate E0445 - Oximeter oxygen concentration at the prescribed flow rate E0445 - Oximeter oxygen concentration at the prescribed regulator,	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR A	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelma	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment
AAR	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder Q9351 - Angelman syndrome Q9351 - Angelman syndrome I730 - Raynaud's syndrome I730 - Raynaud's syndrome I741844 - Frontal lobe and executive function deficit R41844 - Frontal lobe and executive function deficit J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Owgen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0443 - Potable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Physical Therapy & Rehab Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR A	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelma	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment Physical Therapy Assistant
AR A	Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder G9351 - Angelman syndrome Q9351 - Angelman syndrome 1730 - Raynaud's syndrome 1730 - Raynaud's syndrome 1730 - Raynaud's syndrome 1731 - Angelman syndrome 1731 - Angelman syndrome 1732 - Raynaud's syndrome 1735 - Angelman syndrome 1736 - Raynaud's syndrome 1737 - Raynaud's syndrome 1738 - Raynaud's syndrome 1739 - Raynaud's syndrome 1730 - Raynaud's syndrome 1731 - Chronic respiratory failure with hypoxia 1731 - Chronic respiratory failure with hypoxia 1732 - Chronic respiratory failure with hypoxia 1733 - Chronic respiratory failure with hypoxia 1734 - Chronic respiratory failure with hypoxia 1735 - Chronic respiratory failure with hypoxia 1736 - Chronic respiratory failure with hypoxia 1736 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal Care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidiffer, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric PTOT - PTOT	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment
AR A	Medicaid Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder C9351 - Angelman syndrome C9351 - Angelman	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric PTOT - PTOT	Approved		Hospital/Acute Care Durable Medical Equipment Supplier Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Personal Care Physical Therapy & Rehab Durable Medical Equipment Physical Therapy Assistant
AR A	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G9351 - Angelman syndrome G9351 - Angelman syndrome T730 - Raynaud's syndrome T731 - Chronical lobe and executive function deficit T731 - Chronic respiratory failure with hypoxia T731 - Chronic respiratory failure with hypoxia T731 - Chronic respiratory failure with hypoxia T732 - Chronic respiratory failure with hypoxia T733 - Chronic respiratory failure with hypoxia T734 - Chronic respiratory failure with hypoxia T735 - Chronic respiratory failure with hypoxia T736 - Chronic respiratory failure with hypoxia T737 - Chronic respiratory failure with hypoxia T737 - Chronic respiratory failure with hypoxia T738 - Chronic respiratory failure with hypoxia T739 - Chronic respiratory failure with hypoxia T748 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Owygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric roll of the proper formance, and the prescribed of the proper formance, and inpatient contact (use of dynamic activities to improve functional performance), each 15 minutes FTOT - PTOT	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Physical Therapy & Rehab Durable Medical Equipment Physical Therapy Assistant Physical Therapy Assistant
AR A	Medicaid	adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids R0689 - Other abnormalities of breathing F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G9351 - Angelman syndrome G9351 - Angelman syndrome T730 - Raynaud's syndrome T731 - Chronical lobe and executive function deficit T731 - Chronic respiratory failure with hypoxia T731 - Chronic respiratory failure with hypoxia T731 - Chronic respiratory failure with hypoxia T732 - Chronic respiratory failure with hypoxia T733 - Chronic respiratory failure with hypoxia T734 - Chronic respiratory failure with hypoxia T734 - Chronic respiratory failure with hypoxia T745 - Chronic respiratory failure with hypoxia	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42820 - Tonsillectomy and adenoidectomy; younger than age 12 E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup T1019 - T1019 Personal Care Services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access E2599 - Accessory for speech generating device, not otherwise classified T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0600 - Respiratory suction pump, home model, portable or stationary, electric PTOT - PTOT	Approved		Personal Care Personal Care Personal Care Personal Care Personal Care Durable Medical Equipment Durable Medical Equipment Physical Therapy & Rehab Physical Therapy & Rehab Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Physical Therapy Assistant Physical Therapy Assistant

AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified	tracheostomy tube) E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Denied Medical Necessity Not Establish	n Durable Medical Equipment
			tracheostomy tube)		
AR	Medicaid		97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied Medical Necessity Not Establish	n Licensed Behavioral Analyst
AR	Medicaid	R62 - Lack of expected normal physiological development in childhood and adults	T1019 - T1019 Personal Care Services, per 15 minutes	Approved	Personal Care
AR	Medicaid	M25531 - Pain in right wrist	PTOT - PTOT	Approved	Hospital/Acute Care
AR	Medicaid	M25531 - Pain in right wrist	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Hospital/Acute Care
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Hospital/Acute Care
AR	Medicaid		92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Speech Language Pathologist
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	58570 - Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Approved	Hospital/Acute Care
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	58571 - Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Approved	Hospital/Acute Care
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	58573 - Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Approved	Hospital/Acute Care
AR	Medicaid		58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Approved	Hospital/Acute Care
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	58662 - Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	Approved	Hospital/Acute Care
AR	Medicaid	N814 - Uterovaginal prolapse, unspecified	52000 - Cystourethroscopy (separate procedure)	Approved	Hospital/Acute Care
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Physical Therapy & Rehab
AR	Medicaid		dynamic activities to improve functional performance), each 15 minutes OV - OV Individual and Family Therapy	Approved	Outpt Behav Hith Agency
		combined type			
AR AR	Medicaid Medicaid	Z931 - Gastrostomy status F3481 - Disruptive mood dysregulation diso	B9998 - NOC for enteral supplies OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved	Durable Medical Equipment Outpt Behav Hlth Agency
AR	Medicaid	S52571S - Other intraarticular fracture of lower end		Approved	Hospital/Acute Care
AR	Medicaid	of right radius, sequela S525715 - Other intraarticular fracture of lower end		Approved	Hospital/Acute Care
AR	Medicaid	of right radius, sequela	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Hospital/Acute Care
AR	Medicaid	of right radius, sequela	dynamic activities to improve functional performance), each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory		
AR	Medicaid		97351F - Behavior identification assessment, administered by a physician or	Approved	Speech Language Pathologist Children Intensive Behavioral
AK	ivieuicaiu		9/1512F - Benavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Арргоvea	Ciliuren intensive benavioral
AR	Medicaid		97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Children Intensive Behavioral
AR	Medicaid		97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Children Intensive Behavioral
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Physical Therapy & Rehab
		function	exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved	Durable Medical Equipment
AR	Medicaid	F88 - Other disorders of psychological development		Approved	Occupational Therapy Assistant
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Occupational Therapy Assistant
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Registered Non-Credentialed
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	1 7 1	PTOT - PTOT 97:10 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved Approved	W-Out of Home Respite W-Out of Home Respite
AR	Medicaid	·	PTOT - PTOT	Approved	Occupational Therapist
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Occupational Therapist
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved	Hospital/Acute Care
			additional parameters of sleep, attended by a technologist	** * **	., ,

AR	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway	Approved	Hospital/Acute Care
AR	Medicaid	S6291XD - Unspecified fracture of right wrist and hand, subsequent encounter for fracture with	pressure therapy or bilevel v L3908 - Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	Approved	Durable Medical Equipment
AR	Medicaid	routine healing F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional,	Approved	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which	Denied	Medical Necessity Not Establish Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the	Approved	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	patient present), face-to-face with gua 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which	Approved	Children Intensive Behavioral
AR	Medicaid	H7293 - Unspecified perforation of tympanic	may include simultaneous direction of tech OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	membrane, bilateral H7293 - Unspecified perforation of tympanic	21235 - Graft; ear cartilage, autogenous, to nose or ear (includes obtaining	Approved	Hospital/Acute Care
A.D.	Madigaid	membrane, bilateral	graft)		
AR	Medicaid	H7293 - Unspecified perforation of tympanic membrane, bilateral	69620 - Myringoplasty (surgery confined to drumhead and donor area)	Approved	Hospital/Acute Care
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	E1260 - Lightweight wheelchair, detachable arms (desk or full-length) swing- away detachable footrest	Approved	Durable Medical Equipment
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	•	Approved	Durable Medical Equipment
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	E2611 - General use wheelchair back cushion, width less than 22 in, any height,	Approved	Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	including any type mounting hardware 90837 - Psychotherapy, 60 minutes with patient	Approved	Lic Pro Clinical Cnslr LPCC
		combined type F411 - Generalized anxiety disorder			Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved	Outpt Behav Hith Agency Outpt Behav Hith Agency
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	E1235 - Wheelchair, pediatric size, rigid, adjustable, with seating system	Approved	Durable Medical Equipment
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	E1022 - Wheelchair transportation securement system, any type, includes all	Approved	Durable Medical Equipment
			components and accessories		
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	K0040 - Adjustable angle footplate, each	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	Q999 - Chromosomal abnormality, unspecified	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR AR	Medicaid	Q999 - Chromosomal abnormality, unspecified Q999 - Chromosomal abnormality, unspecified	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AN	ivicultaid	Circinosoma abilormanty, unspecified	hardware	Approved	Durable Medical Equipment
AR	Medicaid	F941 - Reactive attachment disorder of childhood	PTOT - PTOT	Approved	Occupational Therapist
AR	Medicaid	F941 - Reactive attachment disorder of childhood	97166 - OT EVAL MOD COMPLEX 45 MIN	Approved	Occupational Therapist
AR	Medicaid	F941 - Reactive attachment disorder of childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
ΛD	Modinald	E411 Congralized applicated as	dynamic activities to improve functional performance), each 15 minutes	Annround	Masters Loval Clinisians
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90837 - Psychotherapy, 60 minutes with patient	Approved Approved	Masters Level Clinicians Lic Pro Clinical Cnslr LPCC
		combined type			
AR AR	Medicaid Medicaid	F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Physical Therapy & Rehab Physical Therapy & Rehab
,	Medicala	function	dynamic activities to improve functional performance), each 15 minutes	прриотеа	Thysical Melapy a heliab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E8000 - Gait trainer, pediatric size, posterior support, includes all accessories and components	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Ventilator Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	E7622 - Sanfilippo mucopolysaccharidoses	E1236 - Wheelchair, pediatric size, folding, adjustable, with seating system	Approved	Durable Medical Equipment
AR	Medicaid	E7622 - Sanfilippo mucopolysaccharidoses	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid	E7622 - Sanfilippo mucopolysaccharidoses	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware		Durable Medical Equipment
AR	Medicaid	E7622 - Sanfilippo mucopolysaccharidoses	E0966 - Manual wheelchair accessory, headrest extension, each	Approved	Durable Medical Equipment
AR	Medicaid	F90 - Attention-deficit hyperactivity disorders	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		Personal Care
AR	Medicaid	S5292XP - Unspecified fracture of left forearm, subsequent encounter for closed fracture with	treatment (code may 28306 - Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Approved	Hospital/Acute Care
AR	Medicaid	malunion S5292XP - Unspecified fracture of left forearm, subsequent encounter for closed fracture with	28310 - Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Approved	Hospital/Acute Care
AR	Medicaid	malunion S5292XP - Unspecified fracture of left forearm, subsequent encounter for closed fracture with malunion	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	M7918 - Myalgia, other site	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Approved	EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	M7918 - Myalgia, other site	20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	M25561 - Pain in right knee	PTOT - PTOT	Approved	Physical Therapy & Rehab

AR	Medicaid	M25561 - Pain in right knee	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
AR	Medicaid	M25561 - Pain in right knee	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved	Physical Therapy & Rehab
AR	Medicaid	M25561 - Pain in right knee	97014 - Application of a modality to 1 or more areas; electrical stimulation (unattended)	Approved	Physical Therapy & Rehab
AR	Medicaid	G8250 - Quadriplegia, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	G8250 - Quadriplegia, unspecified	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved	Hospital/Acute Care
AR	Medicaid	G8250 - Quadriplegia, unspecified	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Denied Medical Necessity Not Establish	
AR	Medicaid	F913 - Oppositional defiant disorder	90791U4 - Psychiatric diagnostic evaluation	Approved	Masters Level Clinicians
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	PAIN - PAIN - Facet Joint Injections	Approved	Physical Medicine & Rehab
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64493 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or	Approved	Physical Medicine & Rehab
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64494 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or	Approved	Physical Medicine & Rehab
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	M7062 - Trochanteric bursitis, left hip	20611 - Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reportin	Approved	Hospital/Acute Care
AR	Medicaid	M7062 - Trochanteric bursitis, left hip	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	F919 - Conduct disorder, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F321 - Major depressive disorder, single episode, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Registered Non-Credentialed
AR	Medicaid	G4730 - Sleep apnea, unspecified	42821 - Tonsillectomy and adenoidectomy; age 12 or over	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Therapy PT, OT, SLP
AR AR	Medicaid Medicaid	F840 - Autistic disorder F4320 - Adjustment disorder, unspecified	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved	Therapy PT, OT, SLP Personal Care
			of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may		
AR	Medicaid	Z1211 - Encounter for screening for malignant neoplasm of colon	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	Z1211 - Encounter for screening for malignant neoplasm of colon	45378 - Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Therapy PT, OT, SLP
AR	Medicaid	F88 - Other disorders of psychological developmen		Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F88 - Other disorders of psychological developmen	t 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	K011 - Impacted teeth	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR AR	Medicaid Medicaid	K011 - Impacted teeth K011 - Impacted teeth	41899 - Unlisted procedure, dentoalveolar structures 00170 - Anesthesia for intraoral procedures, including biopsy; not otherwise	Approved Approved	Hospital/Acute Care Hospital/Acute Care
AR	Medicaid		specified OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	z0000 - Encounter for general adult medical	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical examination without abnormal findings	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	20000 - Encounter for general adult medical examination without abnormal findings	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or	Approved	EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	G809 - Cerebral palsy, unspecified	examination and moderate le T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
ΛP	Modicald	M2012 - Hallux valgus (acquired), left foot	plan of treatment (code may OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acuto Cara
AR AR	Medicaid Medicaid	M2012 - Hallux valgus (acquired), left foot M2012 - Hallux valgus (acquired), left foot	28750 - Arthrodesis, great toe; metatarsophalangeal joint	Approved Approved	Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	28/30 - Arthrodesis, great toe; metatarsophalangeal joint E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	E2201 - Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	G919 - Hydrocephalus, unspecified	81243 - FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability (XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) al	Approved	Hospital/Acute Care
AR	Medicaid	G919 - Hydrocephalus, unspecified	81479 - Unlisted molecular pathology procedure	Approved	Hospital/Acute Care

AR	Medicaid	G919 - Hydrocephalus, unspecified	81329 - SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neur	Approved		Hospital/Acute Care
AR	Medicaid	R6250 - Unspecified lack of expected normal	SMIAL (Survival or motor neur 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Early Int. Day Tmt (EIDT)
4.0	8.6 - 41 1 - 1	physiological development in childhood	·	A		Durable Madical Faulances
AR AR	Medicaid Medicaid	G809 - Cerebral palsy, unspecified F919 - Conduct disorder, unspecified	B9002 - Enteral nutrition infusion pump - with alarm OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Durable Medical Equipment Outpt Behav Hlth Agency
AR	Medicaid	H540 - Blindness, both eyes	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
AR	Medicaid	S83001A - Unspecified subluxation of right patella, initial encounter	plan of treatment (code may OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid		29877 - Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Approved		Ambulatory Surgical Center
AR	Medicaid	S83001A - Unspecified subluxation of right patella, initial encounter	27420 - Reconstruction of dislocating patella; (eg, Hauser type procedure)	Approved		Ambulatory Surgical Center
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	Q429 - Congenital absence, atresia and stenosis of large intestine, part unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid	H902 - Conductive hearing loss, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0700 - Safety equipment, device or accessory, any type	Approved		Durable Medical Equipment
AR	Medicaid	M79671 - Pain in right foot	E0114 - Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	Approved		Durable Medical Equipment
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Critical Access
AR AR	Medicaid Medicaid	R1311 - Dysphagia, oral phase	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual			Speech Language Pathologist
AR AR	Medicaid	R1311 - Dysphagia, oral phase R0683 - Snoring	ST - ST - Speech Therapy, Outpatient 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved Approved		Speech Language Pathologist Hospital/Acute Care
,	Medicala	Noos Shoring	additional parameters of sleep, attended by a technologist	прриотса		nospital/neate care
AR	Medicaid	R0683 - Snoring	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved		Masters Level Clinicians Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Licensed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Licensed Behavioral Analyst
AR	Medicaid	function G7101 - Duchenne or Becker muscular dystrophy	dynamic activities to improve functional performance), each 15 minutes E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Approved		Durable Medical Equipment Supplie
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment Supplie
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F908 - Attention-deficit hyperactivity disorder, other type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Registered Non-Credentialed
AR AR	Medicaid Medicaid	R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved Approved		Therapy PT, OT, SLP Therapy PT, OT, SLP
AR	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Denied	Medical Necessity Not Establish	Therapy PT, OT, SIP
AR	Medicaid	R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	$T1019-Personal \ care \ services, \ per\ 15\ minutes, \ not \ for\ an inpatient \ or\ resident$ of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR AR	Medicaid Medicaid	R252 - Cramp and spasm R252 - Cramp and spasm	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4	Approved Approved		Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or	Approved		Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	more muscle(s) (List separately in addition to code for primary procedure) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR AR	Medicaid	R252 - Cramp and spasm	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	
AR	Medicaid	R252 - Cramp and spasm	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	
AR	Medicaid	F88 - Other disorders of psychological development		Approved		Occupational Therapist
AR AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes (VL_OV_COV_COTION_COTIO	Approved		Occupational Therapist
AR AR	Medicaid Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type H547 - Unspecified visual loss	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved Approved		Outpt Behav Hith Agency Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
ΔR	Medicaid	F918 - Other conduct disorders	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency

AR AR	Medicaid Medicaid	F913 - Oppositional defiant disorder F82 - Specific developmental disorder of motor function	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT	Approved Approved		Mental Health Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Adv. Practice Reg. Nurse
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR AR	Medicaid Medicaid	J9611 - Chronic respiratory failure with hypoxia Z0120 - Encounter for dental examination and cleaning without abnormal findings	S9124 - Nursing care, in the home; by licensed practical nurse, per hour OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved Approved		Nurse Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	F919 - Conduct disorder, unspecified F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Outpt Behav Hith Agency Mental Health
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Hospital/Acute Care
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved		Hospital/Acute Care
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	97116 - Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Approved		Hospital/Acute Care
AR	Medicaid	Z899 - Acquired absence of limb, unspecified	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic	Approved		Hospital/Acute Care
ΔR	Medicald	EA18 - Other specified anyioty disarders	sense, posture, and/or proprioception for si OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR AR	Medicaid Medicaid	F418 - Other specified anxiety disorders F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health Outpt Behav Hith Agency
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR AR	Medicaid Medicaid	F4312 - Post-traumatic stress disorder, chronic M2141 - Flat foot [pes planus] (acquired), right foot	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley	Approved Approved		Outpt Behav HIth Agency Supplier Prosthetic/Orthotic
AR	Medicaid	G809 - Cerebral palsy, unspecified	shell, each E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved		Durable Medical Equipment
AR	Medicaid	F339 - Major depressive disorder, recurrent, unspecified	any type mounting hardware T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F4320 - Adjustment disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Denied	Medical Necessity Not Establish	
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Denied	Medical Necessity Not Establish	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Children Intensive Behavioral
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	combined type F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional,	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst

AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	P0733 - Preterm newborn, gestational age 30 completed weeks	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved		Home Infusion
AR	Medicaid	P0733 - Preterm newborn, gestational age 30 completed weeks		Approved		Home Infusion
AR	Medicaid	P0733 - Preterm newborn, gestational age 30 completed weeks	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Home Infusion
AR	Medicaid	P0733 - Preterm newborn, gestational age 30 completed weeks	B9998 - NOC for enteral supplies	Approved		Home Infusion
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Licensed Social Worker
AR	Medicaid	N39492 - Postural (urinary) incontinence	T4526 - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Approved		Durable Medical Equipment
AR	Medicaid	G40822 - Epileptic spasms, not intractable, without status epilepticus	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR	Medicaid	G40822 - Epileptic spasms, not intractable, without status epilepticus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid		S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Denied	Medical Necessity Not Establish	Nurse
AR	Medicaid	G40822 - Epileptic spasms, not intractable, without status epilepticus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Denied	Medical Necessity Not Establish	Nurse
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	combined type F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0260 - Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Approved		Durable Medical Equipment
AR	Medicaid	F251 - Schizoaffective disorder, depressive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F259 - Schizoaffective disorder, unspecified	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved		Personal Care
AR	Medicaid	K625 - Hemorrhage of anus and rectum	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Gastroenterology
AR	Medicaid	K625 - Hemorrhage of anus and rectum	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Gastroenterology
AR	Medicaid	K625 - Hemorrhage of anus and rectum	99213 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level o	Approved		Gastroenterology
AR	Medicaid	E1059 - Type 1 diabetes mellitus with other circulatory complications	88312 - Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)	Approved		Laboratory
AR	Medicaid	E1059 - Type 1 diabetes mellitus with other circulatory complications	88307 - Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges,	Approved		Laboratory
AR	Medicaid		L4361 - Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Approved		Durable Medical Equipment
AR	Medicaid	M48062 - Spinal stenosis, lumbar region with neurogenic claudication	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid	M48062 - Spinal stenosis, lumbar region with neurogenic claudication	63042 - Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration,	Approved		Ambulatory Surgical Center
AR	Medicaid	M48062 - Spinal stenosis, lumbar region with neurogenic claudication	22612 - Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Approved		Ambulatory Surgical Center
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Licensed Behavioral Analyst
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	F1111 - Opioid abuse, in remission	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	F1111 - Opioid abuse, in remission	G0482 - Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved		Hospital/Acute Care
AR	Medicaid	J351 - Hypertrophy of tonsils	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	J351 - Hypertrophy of tonsils	42826 - Tonsillectomy, primary or secondary; age 12 or over	Approved		Hospital/Acute Care
AR	Medicaid	M47816 - Spondylosis without myelopathy or	PAIN - PAIN - Facet Joint Injections	Approved		Anesthesiology
AR	Medicaid	radiculopathy, lumbar region M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64636 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet	Approved		Anesthesiology
			joint (List separately			
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64635 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Approved		Anesthesiology

Montana							
Marcian Marcian State	AR	Medicaid	G919 - Hydrocephalus, unspecified		Approved		Durable Medical Equipment
No. No. No. No. No. No. No. No. No.	AR	Medicaid	G919 - Hydrocephalus, unspecified		Approved		Durable Medical Equipment
Marcian Marc	AD	Madianid	F410 Assists disorder unspecified		Danied	Madical Managaity Not Establish	Laboratory
	AK	ivieuicaiu	r419 - Alixiety disorder, dispedified	identify individual drugs and distinguish between structural isomers (but not	Denieu	Medical Necessity Not Establish	Laboratory
Market M	AR	Medicaid	I639 - Cerebral infarction, unspecified	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized $$	Approved		Personal Care
March Marc	AR	Medicaid	Z931 - Gastrostomy status	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may	Approved		Home Infusion
Methods 125 Specific developmental disorder of motion of	AR	Medicaid			Approved		Durable Medical Equipment
Marchant Mar	AR	Medicaid		E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved		Durable Medical Equipment
Nection II Specific devices/contential desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired of mouse II Specific devices/contential desired in Indiana desired in I	AR	Medicaid			Approved		Durable Medical Equipment
Medical Segment of the process of th	ΔR		function				
Medical 2004 - Frontier for general adult medical medical for a minor of the second control of the proof of the medical for a me			function				
Medical 2000 - Frontiers for general sold medical processor and medical processor and			function	mounting hardware, each			
sear-instant out whose decorate Indusing Medical Securities or whose decorate list medical comments of the control of the control between the comments of the control between	AR	Medicaid		K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
Marcial Modelad (2000) - Franchischer for general adult middella (2004) - Performance (2004)	AR	Medicaid			Approved		Durable Medical Equipment
Medical Workshorn State	AR	Medicaid	Z0000 - Encounter for general adult medical		Approved		Durable Medical Equipment
Section Company Comp	AR	Medicaid		E0570 - Nebulizer, with compressor	Approved		Durable Medical Equipment
Secondary Communication without advantural floridings Sowneeds prundlifer, colonials or mask, and subting Approved Outgot behar tith Ageinty Approved Outgot behar			examination without abnormal findings	·			
Medicale Medicale Alls Generalized among disorder OV DV Office Vast, Practitioner (indicate number of withis submirried) Approved Output Behavior (Management All Medicale Alls) - Federal Control Con	AR	Medicaid		0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Approved		Durable Medical Equipment
Medical Miles Mi	AR	Medicaid			Approved		Outpt Behav Hith Agency
Medical (2021- Milest receptive expressive language pathologist society of society special processing specia	AR						
Medical Medical PRID- Miner (receptive-approaching place) PRID- Miner (PRID- Miner) PRID- Miner) PRID- Miner (PRID- Miner) PRID- Miner) PRID- Miner (PRID- Miner) PRID- Mine	AR	Medicaid	R159 - Full incontinence of feces		Approved		Durable Medical Equipment
Medical Ribba Ri	AR	Medicaid	F802 - Mixed receptive-expressive language		Approved		Speech Language Pathologist
Medical Medi	AR	Medicaid			Approved		Speech Language Pathologist
resident of a hopispla, numering facility, ICF/MR or IMDs, part of the individualized plan of Treatment (look may land)). Page of Treatment (look may land) (look plan of Treatment (look may land)). Page of Treatment (look may land).	AR	Medicaid			Approved		Personal Care
AR Medicald 2734- Inadequate social skills, not elsewhere classified exercises to develop strength and endurance, range of motion and flexibility classified exercises to develop strength and endurance, range of motion and flexibility classified exercises to develop strength and endurance, range of motion and flexibility classified exercises to develop strength and endurance, range of motion and flexibility classified exercises to develop strength and endurance, range of motion and flexibility classified exercises to develop strength exercises to develop as the extraor of the reduced explanation of the control of the property of the strength of the property of the strength of th				resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR Medicald 27409 - Other reduced mobility (25439 - Replacement cover for wheelchair seat cushion or back cushion, each Approved Durable Medical Equipment owner on the Medical Equipment owner on the medical equipment of the than Approved owner equipment requiring the skill of a technical, below component, per 15 minutes AR Medicald G1229 - Other motor neuron disease (2543 - High frequency chest wall oscillation system, with full anterior and/or Approved Outside Medical Equipment owner of the motor of the proposed of the	AR	Medicaid	classified	PTOT - PTOT	Approved		Physical Therapy & Rehab
Medicad Wedical 27409 - Other reduced mobility by 2739 - Repair or nonroutine service for durable medical equipment other than Approved oxygen equipment requiring the skill of a technician, labor component, per 15 minutes EMBS - High frequency cheek well cociliation, includes posterior throacis: region receiving simultaneous external oscillation, includes all accessories and sup predominantly affecting facial appearance predominantly affecting facial appearance plan of treatment (code may plan of treatment). (FPMR or IMID, part of the individualized plan of treatment (code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (FPMR or IMID, part of the individualized plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of treatment) and the individualized plan of treatment (code may plan of treatment). (Code may plan of the individualized plan of the individualized plan of treatment (code may plan of the individualized plan of treatment (code may plan of the individualized plan of the individual	AR	Medicaid			Approved		Physical Therapy & Rehab
oxygen equipment requiring the skill of a technician, labor component, per 15 inmites Medical G129 - Other motor neuron disease E0483 - High Trequency Chest wall ocalilation system, with full anterior and/or Approved Durable Medical Equipment personniantly affecting facial appearance personniantly affecting facial	AR			·			
AR Medical Pro-Medical Pro-Med	AR	Medicaid	Z7409 - Other reduced mobility	oxygen equipment requiring the skill of a technician, labor component, per 15	Approved		Durable Medical Equipment
resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital, nursing facility, (EF/MR or IMD, part of the individualized plan of treatment (code may resident of a hospital). ### Redical Page Resident of Page Page Page Page Page Page Page Page	AR	Medicaid	G1229 - Other motor neuron disease	posterior thoracic region receiving simultaneous external oscillation, includes	Approved		Durable Medical Equipment
Medical F70 - Mild intellectual disabilities T101913 - Personal care services, per 15 minutes, not for an inspatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may Medical J44 - Other chronic obstructive pulmonary disease T10913 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may Medical M21869 - Other specified acquired deformities of plan of treatment (code may Medical R842 - Rest's syndrome Q7001 - Tenotomy, adductor of hip, open Approved Hospital/Acute Care Medical R842 - Rest's syndrome Q7001 - Tenotomy, adductor of hip, open Approved Hospital/Acute Care Medical R842 - Rest's syndrome Q7001 - Tenotomy, adductor of hip, open Approved Hospital/Acute Care Medical M21869 - Other specified acquired deformities of unspecified lower leg Medical M21869 - Other specified acquired deformities of unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Hospital/Acute Care Hospital/Acute Care Unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Hospital/Acute Care Unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Hospital/Acute Care Unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Hospital/Acute Care Unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Hospital/Acute Care Unspecified lower leg Medical R842 - Rest's syndrome Q7001 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate Approved Personal Care Visital Approved Personal Care Visital Approved Per	AR	Medicaid	,	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized $$	Approved		Personal Care
Medicaid Med	AR	Medicaid	F70 - Mild intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Denied	Medical Necessity Not Establish	Personal Care
Medical Medical Matter Face of the specified acquired deformities of unspecified lower leg AR Medical Face Rett's syndrome 27001 - Tenotomy, adductor of hip, open Approved Hospital/Acute Care AR Medical Face Rett's syndrome OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medical Matter Order Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Matter Specified acquired deformities of unspecified lower leg AR Medical Face Specific developmental disorder of motor function unspecified lower leg AR Medical Face Specific developmental disorder of motor function unspecified lower leg AR Medical Face Specific developmental disorder of motor function unspecified lower leg AR Medical Face Specific developmental disorder of motor function unspecified lower leg AR Medical Face Specific developmental disorder of motor function unspecified in tertament (code may AR Medical Face Author Specified intellectual disabilities plan of treatment (code may AR Medical Face Rett's syndrome Proof	AR	Medicaid	J44 - Other chronic obstructive pulmonary disease	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
Medicaid F842 - Rett's syndrome 27001 - Tenotomy, adductor of hip, open Approved Hospital/Acute Care Medicaid R842 - Rett's syndrome OPAS - OPAS - OUtpatient Ambulatory Services (999 units) Approved Hospital/Acute Care Medicaid M21869 - Other specified acquired deformities of unspecified lower leg R84 - Rett's syndrome 20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) AR Medicaid M21869 - Other specified acquired deformities of unspecified lower leg R84 - Rett's syndrome 20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) AR Medicaid F82 - Specific developmental disorder of motor function 4 face periode in the procedure of the	AR	Medicaid			Approved		Hospital/Acute Care
AR Medicaid M21869 - Other specified acquired deformities of unspecified lower leg unspecified lower leg 20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) AR Medicaid M21869 - Other specified acquired deformities of unspecified lower leg unspecified leg un	AR	Medicaid	F842 - Rett's syndrome	27001 - Tenotomy, adductor of hip, open	Approved		Hospital/Acute Care
Medicaid F842 - Rett's syndrome 20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) AR Medicaid M21869 - Other specified acquired deformities of unspecified lower leg 20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) AR Medicaid R82 - Specific developmental disorder of motor function funct	AR		,				
AR Medicaid M21869 - Other specified acquired deformities of unspecified lower leg unspe	AK	iviedicaid		OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		nospital/Acute Care
Medicaid M21869 - Other specified acquired deformities of unspecified lower leg unspecified lower leg procedure) AR Medicaid F82 - Specific developmental disorder of motor function function function function function	AR	Medicaid			Approved		Hospital/Acute Care
AR Medicaid F82 - Specific developmental disorder of motor function resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may plan of treatment) (code may without psychotic features AR Medicaid F79 - Unspecified intellectual disabilities P79 - Unspecified intellectual disabi	AR	Medicaid		20670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate	Approved		Hospital/Acute Care
AR Medicaid F332 - Major depressive disorder, recurrent severe without psychotic features APPOVED TO Provide Medical F79 - Unspecified intellectual disabilities (MO11 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking AR Medicaid F840 - Autistic disorder T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid F842 - Rett's syndrome PTOT - PTOT Denied Medical Necessity Not Establish Physical Therapy & Rehab dynamic activities to improve functional performance), each 15 minutes AR Medicaid P922 - Slow feeding of newborn B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) Approved Approved Durable Medical Equipment Durable Medical Recessity Not Establish Physical Therapy & Rehab Approved Durable Medical Recessity Not Establish Physical Therapy & Rehab Approved Personal Care Pe	AR	Medicaid	F82 - Specific developmental disorder of motor	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
AR Medicaid F79 - Unspecified intellectual disabilities K0011 - Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking AR Medicaid F840 - Autistic disorder T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid F842 - Rett's syndrome PTOT - PTOT Denied Medical Necessity Not Establish Physical Therapy & Rehab AR Medicaid F842 - Rett's syndrome 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes AR Medicaid P922 - Slow feeding of newborn Bad35 - Enteral feeding syndry kit; pump fed, per day, includes but not limited Approved Home Infusion to feeding/flushing syringe, administration set tubing, dressings, tape	AR	Medicaid			Approved		Outpt Behav Hith Agency
AR Medical F840 - Autistic disorder T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may AR Medicaid F842 - Rett's syndrome PTOT - PTOT Denied Medical Necessity Not Establish Physical Therapy & Rehab AR Medicaid F842 - Rett's syndrome 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes AR Medicaid P922 - Slow feeding of newborn 84035 - Enteral feeding syndropk (it; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape T1019U3 - Personal Care Personal Care P	AR	Medicaid		programmable control parameters for speed adjustment, tremor dampening,	Approved		Durable Medical Equipment
AR Medicaid F842 - Rett's syndrome PTOT - PTOT Denied Medical Necessity Not Establish Physical Therapy & Rehab AR Medicaid F842 - Rett's syndrome 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes AR Medicaid P922 - Slow feeding of newborn B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited Approved Home Infusion to feeding/flushing syringe, administration set tubing, dressings, tape	AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
dynamic activities to improve functional performance), each 15 minutes AR Medicaid P922 - Slow feeding of newborn B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited Approved Home Infusion to feeding/flushing syringe, administration set tubing, dressings, tape	AR	Medicaid	F842 - Rett's syndrome		Denied	Medical Necessity Not Establish	Physical Therapy & Rehab
AR Medicaid P922 - Slow feeding of newborn B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited Approved Home Infusion to feeding/flushing syringe, administration set tubing, dressings, tape	AR			97530 - Therapeutic activities, direct (one-on-one) patient contact (use of			
	AR	Medicaid	P922 - Slow feeding of newborn	B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited	Approved		Home Infusion
Durable Medical Equipment	ΔR	Medicaid	G4733 - Obstructive sleen annea (adult) (nodiatrial		Approved		Durable Medical Equipment
		cuicaiu	225 Obstaces to Siccip apriled (addit) (pediatric)	Same acree to measuring blood oxygen levels hollingasively	. ipproved		

.R	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved		Durable Medical Equipment
kR.	Medicaid	G4733 - Obstructive sleep appea (adult) (pediatric)	flowmeter, humidifier, cannula or mask, and tubing E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
	Medicald	Ciriss Obstructive steep aprica (addity (pediatric)	percent or greater oxygen concentration at the prescribed flow rate	/ ipproved		barable medical Equipment
	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
	Medicaid	F88 - Other disorders of psychological development	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
	Medicaid	F82 - Specific developmental disorder of motor function	РТОТ - РТОТ	Approved		Physical Therapy & Rehab
	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Physical Therapy & Rehab
	Medicaid	G809 - Cerebral palsy, unspecified	ornamic activities to improve functional performance), each 13 immutes 11019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
	Medicaid	G809 - Cerebral palsy, unspecified	171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
	Medicaid	G809 - Cerebral palsy, unspecified	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
	Medicaid	G809 - Cerebral palsy, unspecified	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
	Medicaid	J449 - Chronic obstructive pulmonary disease,	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved		Personal Care
	Medicaid	unspecified F70 - Mild intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
	Medicaid	F902 - Attention-deficit hyperactivity disorder,	plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	combined type R6250 - Unspecified lack of expected normal	PTOT - PTOT	Approved		Physical Therapy & Rehab
	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Physical Therapy & Rehab
		physiological development in childhood	exercises to develop strength and endurance, range of motion and flexibility			
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
	Medicaid	CO21 - Malignant neoplasm of border of tongue	PTOT - PTOT	Approved		Internal Medicine
	Medicaid	C021 - Malignant neoplasm of border of tongue	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			Internal Medicine
	Medicaid	CO21 - Malignant neoplasm of border of tongue	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for si	Approved		Internal Medicine
	Medicaid	C021 - Malignant neoplasm of border of tongue	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved		Internal Medicine
	Medicaid	C021 - Malignant neoplasm of border of tongue	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Internal Medicine
	Medicaid	CO21 - Malignant neoplasm of border of tongue	97535 - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive t	Approved		Internal Medicine
	Medicaid	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
	Medicaid	F419 - Anxiety disorder, unspecified	90846 - Family psychotherapy (without the patient present), 50 minutes	Approved		Outpt Behav HIth Agency
	Medicaid	F82 - Specific developmental disorder of motor	PTOT - PTOT	Approved		Physical Therapy & Rehab
	Medicaid	function F82 - Specific developmental disorder of motor	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Physical Therapy & Rehab
		function	exercises to develop strength and endurance, range of motion and flexibility			
	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
	Medicaid	R269 - Unspecified abnormalities of gait and	E1150 - Wheelchair, detachable arms, desk or full-length swing-away	Approved		W-Home Medical Equipment
	Medicaid	mobility F329 - Major depressive disorder, single episode,	detachable elevating legrests OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
	Medicaid	unspecified F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Fractitioner (Indicate number of visits authorized)			
		combined type		Approved		Outpt Behav HIth Agency
	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)		Approved	Ad-dis-I Nossa in Nossa in State	Durable Medical Equipment
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E1031 - Rollabout chair, any and all types with castors 5 in or greater	Denied	Medical Necessity Not Establish	
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	
	Medicaid	S83512A - Sprain of anterior cruciate ligament of left knee, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Medicaid	S83512A - Sprain of anterior cruciate ligament of left knee, initial encounter	29888 - Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Approved		Hospital/Acute Care
	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	
	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification,	Approved		Licensed Behavioral Analyst

AR AR						
AR	Medicaid	Q939 - Deletion from autosomes, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
	Medicaid	Q939 - Deletion from autosomes, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	M25372 - Other instability, left ankle	L2330LT - Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only	Approved		Durable Medical Equipment
AR	Medicaid	M25372 - Other instability, left ankle	L2330RT - Addition to lower extremity, lacer molded to patient model, for custom fabricated orthotic only	Approved		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Licensed Behavioral Analyst
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Licensed Behavioral Analyst
AR	Medicaid	complications	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
٨R	Medicaid	F209 - Schizophrenia, unspecified	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved		Personal Care
AR	Medicaid	M9900 - Segmental and somatic dysfunction of head region	98942 - Chiropractic manipulative treatment (CMT); spinal, 5 regions	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	M9900 - Segmental and somatic dysfunction of head region	97035 - Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	M9900 - Segmental and somatic dysfunction of head region	99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of me	Denied	Medical Necessity Not Establish	Hospital/Acute Care
IR.	Medicaid	J45909 - Unspecified asthma, uncomplicated	${\tt E0600-Respiratorysuctionpump,homemodel,portableorstationary,electric}$	Approved		Durable Medical Equipment
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Therapy PT, OT, SLP
IR.	Medicaid	F802 - Mixed receptive-expressive language disorder	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved		Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	T4532 - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Approved		Durable Medical Equipment
AR	Medicaid		T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
ND.	NA-dia 11	E430 Position to	treatment (code may	Ann 1		Develo Des Trentes et 5 111
iR iR	Medicaid Medicaid	F439 - Reaction to severe stress, unspecified F88 - Other disorders of psychological development	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT	Approved Approved		Psych Res Treatment Facility Occupational Therapist
R	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapist
n	Madi-12		dynamic activities to improve functional performance), each 15 minutes	Annecia		Hespital/Asute C
R	Medicaid	R0683 - Snoring	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
R R	Medicaid Medicaid	R0683 - Snoring G4730 - Sleep apnea, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved Approved		Hospital/Acute Care
			additional parameters of sleep, attended by a technologist			Hospital/Acute Care
2	Medicaid	G4730 - Sleep apnea, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
R R	Medicaid Medicaid	F3481 - Disruptive mood dysregulation diso G809 - Cerebral palsy, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E1399 - Durable medical equipment, miscellaneous	Approved Approved		Mental Health Durable Medical Equipment
R	Medicaid	G809 - Cerebral palsy, unspecified	K0739 - Puriable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes			Durable Medical Equipment
R	Medicaid	T8789 - Other complications of amputation stump	G0151 - Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
	Medicaid Medicaid	T8789 - Other complications of amputation stump	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home			Home Health Agency Home Health Agency
R		T8789 - Other complications of amputation stump	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		
R R	Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved		Home Health Agency Speech Language Pathologist
R R R	Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved Approved		Home Health Agency Speech Language Pathologist Speech Language Pathologist
R R R	Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved Approved Approved		Home Health Agency Speech Language Pathologist
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved Approved Approved Approved Approved		Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved Approved Approved Approved Approved Approved Approved		Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved Approved Approved Approved Approved Approved Approved		Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care	Approved Approved Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Licensed Behavioral Analyst
R R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 9715SEP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which	Approved Approved Approved Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Licensed Behavioral Analyst
R R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved Approved Approved Approved Approved Approved Approved Approved Denied	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Licensed Behavioral Analyst
R R R R R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Licensed Behavioral Analyst
IR I	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder T85698A - Other mechanical complication of other specified interal prosthetic devices, implants and grafts, initiation and complication of other	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, (with or without the patient present), face-to-face with gua	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst
IR I	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder F85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter	or hospice settling, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual \$1 - ST - SPeech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Licensed Behavioral Analyst
.RRRRRRRRRR.	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698 - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter	or hospice settling, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, (with or without the patient present), face-to-face with gua 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Hispatial/Acute Care Hospital/Acute Care
R R R R R R R R R R R R R R R R R R R	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A -	or hospice settling, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment twith protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69610 - Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care
R R R R R R R R R R R R R R R R R R R	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Cher mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Cher mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication and cleaning without abnormal findings T9120 - Encounter for dental examination and cleaning without abnormal findings F919 - Conduct disorder, unspecified	or hospice setting, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151P - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, admini	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Hospital/Acute Care Hospital/Acute Care
RR	Medicaid	T8789 - Other complications of amputation stump F800 - Phonological disorder F800 - Phonological disorder G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified F941 - Reactive attachment disorder of childhood F840 - Autistic disorder F840 - Experimental complication of other specified internal prosthetic devices, implants and grafts, initial encounter F85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter T85698A - Other mechanical complication of other specified	or hospice settling, each 15 minutes G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual \$T - ST - Speech Therapy, Outpatient E1399 - Durable medical equipment, miscellaneous K0739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional, face-to-face with one patie 97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment guidance, administered by physician or other qualified health care professional, which may include simultaneous direction of tech 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech OPAS - OPAS - Outpatient Ambulatory Services (999 units) 97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous directi	Approved	Medical Necessity Not Establish	Home Health Agency Speech Language Pathologist Speech Language Pathologist Durable Medical Equipment Durable Medical Equipment Psych Res Treatment Facility Licensed Behavioral Analyst Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Masters Level Clinicians

AR	Medicaid	F82 - Specific developmental disorder of motor	PTOT - PTOT	Approved		Occupational Therapist
		function				
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	G409 - Epilepsy, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F2081 - Schizophreniform disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	H9213 - Otorrhea, bilateral	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved		Hospital/Acute Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F72 - Severe intellectual disabilities	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		E0630 - Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Approved		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid		97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	F251 - Schizoaffective disorder, depressive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with	E0168 - Commode chair, extra wide and/or heavy-duty, stationary or mobile,	Approved		Durable Medical Equipment
AR	Medicaid	hydrocephalus Q0702 - Arnold-Chiari syndrome with	with or without arms, any type, each E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	hydrocephalus F809 - Developmental disorder of speech and language, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
AR	Medicaid		treatment (code may 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved		Licensed Behavioral Analyst
AR	Medicaid	F802 - Mixed receptive-expressive language	other qualified health care ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
AR	Medicaid	disorder M5450 - Low back pain, unspecified	processing disorder; individual T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
AR	Medicaid	R0689 - Other abnormalities of breathing	plan of treatment (code may E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
AR	Medicaid	R0689 - Other abnormalities of breathing	percent or greater oxygen concentration at the prescribed flow rate E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved		Durable Medical Equipment
			flowmeter, humidifier, cannula or mask, and tubing			
AR AR	Medicaid Medicaid	R0689 - Other abnormalities of breathing F339 - Major depressive disorder, recurrent,	E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Durable Medical Equipment Outpt Behav Hlth Agency
AR	Medicaid	unspecified G808 - Other cerebral palsy	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
AR	Medicaid	D6852 - Prothrombin gene mutation	plan of treatment (code may T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
			treatment (code may			
AR AR	Medicaid	R279 - Unspecified lack of coordination	PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Physical Therapy & Rehab Physical Therapy & Rehab
AR	Medicaid		exercises to develop strength and endurance, range of motion and flexibility			Priysicai Therapy & Renab
AR	Medicaid		T1019-Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0562 - Humidifier, heated, used with positive airway pressure device	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	R0902 - Hypoxemia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	R0902 - Hypoxemia	Flowmeter, humidifier, cannula or mask, and tubing	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid		L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	G80 - Cerebral palsy	shell, each T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	R1310 - Dysphagia, unspecified	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid	F918 - Other conduct disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab

AR						
	Medicaid	Q909 - Down syndrome, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Physical Therapy & Rehab
R	Medicaid	F439 - Reaction to severe stress, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
R	Medicaid	R620 - Delayed milestone in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory			Speech Language Pathologist
	Miculculu	Nozo Belayea milestone in amanooa	processing disorder; individual	прриотси		Specen zungauge i atmologist
	Medicaid	R620 - Delayed milestone in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
	Medicaid	F902 - Attention-deficit hyperactivity disorder,	90791 - Psychiatric diagnostic evaluation	Approved		Masters Level Clinicians
	ivieuicaiu	combined type	50/51 - rsychiatric diagnostic evaluation	Approved		iviasters Lever Cillicians
	Modicaid	F840 - Autistic disorder	E1200 Durable medical equipment miscellaneous	Donied	Medical Necessity Not Establish	Durable Medical Equipment
	Medicaid		E1399 - Durable medical equipment, miscellaneous	Denied	· · · · · · · · · · · · · · · · · · ·	
	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	
	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Licensed Social Worker
	Medicaid	Q969 - Turner's syndrome, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
	Medicaid	Q969 - Turner's syndrome, unspecified	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes;	Approved		Physical Therapy & Rehab
			therapeutic exercises to develop strength and endurance, range of motion and flexibility			
	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F430 - Acute stress reaction	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
		combined type				
	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
	Medicaid	G4730 - Sleep apnea, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Medicaid	F82 - Specific developmental disorder of motor		Approved		Personal Care
		function	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of			
	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F4325 - Adjustment disorder with mixed	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
		disturbance of emotions and conduct				
	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
	Medicaid	F840 - Autistic disorder	E1238 - Wheelchair, pediatric size, folding, adjustable, without seating system	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling	Approved		Durable Medical Equipment
			seat), includes any type mounting hardware			
	Medicaid	F840 - Autistic disorder	E0990 - Wheelchair accessory, elevating legrest, complete assembly, each	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	E2291 - Back, planar, for pediatric size wheelchair including fixed attaching	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	hardware E2292 - Seat, planar, for pediatric size wheelchair including fixed attaching	Approved		Durable Medical Equipment
	NAII- 11	FOAO Autichia diagrada	hardware			
	Medicaid	F840 - Autistic disorder	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	E0950 - Wheelchair accessory, tray, each	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved		Durable Medical Equipment
			any type mounting hardware			
	Medicaid	F840 - Autistic disorder	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
	Medicaid	F840 - Autistic disorder	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment
	Medicaid		OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
	Wicalcala	G4733 Obstructive sieep aprica (addit) (pediatric)	OTAS OTAS Outpatient Ambulatory Services (555 units)	Approved		riospital/Acute care
	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
	Medicaid	G4733 - Obstructive sleep appea (adult) (pediatric)	30130 - Excision inferior turbinate, partial or complete, any method	Approved		Hospital/Acute Care
	Medicala	on as a contractive steep aprica (addity (pediatric)	Solds Excision menor tarbinate, partial or complete, any method	прросси		nospital/redic care
	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Approved		Occupational Therapist
	Medicaid	R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapist
	Micaicaia	nozo Belayea milestone in cimanooa	dynamic activities to improve functional performance), each 15 minutes	прриотси		
	Medicaid					
	iviculculu	F82 - Specific developmental disorder of motor	PTOT - PTOT	Approved		Speech Language Pathologist
		function				
			97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved		Speech Language Pathologist Speech Language Pathologist
		function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of			
	Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved Approved		Speech Language Pathologist Speech Language Pathologist
	Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT	Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab
	Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved Approved		Speech Language Pathologist Speech Language Pathologist
	Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities of direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab
	Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab
	Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab
	Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility exercises to develop strength and endurance, range of motion and flexibility of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2- Specific developmental disorder of motor function R2-689 - Other abnormalities of gait and mobility R2-689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved Approved Approved Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder,	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved Approved Approved Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (indicate number of visits authorized)	Approved Approved Approved Approved Approved Approved Approved Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder,	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97101 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 57 - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2- Specific developmental disorder of motor function R2-689 - Other abnormalities of gait and mobility R2-689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97510 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 11019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 5T - ST - Speech Therapy, Outpatient 0V - OV - Office Visit, Practitioner (indicate number of visits authorized)	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Registered Non-Credentialed
	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder,	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Registered Non-Credentialed
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMID, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Registered Non-Credentialed Personal Care
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97510 - Tore 15 minutes 97510 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 11019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 11019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Personal Care Mental Health
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Mental Health Personal Care Mental Health
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019u3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97101 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 5T - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy 17101903 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care Mental Health Mental Health
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified F913 - Oppositional defiant disorder R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IM/D, part of the individualized plan of treatment (code may OV -	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Registered Non-Credentialed Personal Care Mental Health Personal Care Mental Health Physical Therapy & Rehab
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97101 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility 171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 5T - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 171019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy 17101903 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care Mental Health Mental Health
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified F913 - Oppositional defiant disorder R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMID, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Registered Non-Credentialed Personal Care Mental Health Personal Care Mental Health Physical Therapy & Rehab
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified F913 - Oppositional defiant disorder R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019013 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T101 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care Mental Health Physical Therapy & Rehab Physical Therapy & Rehab Physical Therapy & Rehab
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified F913 - Oppositional defiant disorder R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care Mental Health Physical Therapy & Rehab Physical Therapy & Rehab Physical Therapy & Rehab Physical Therapy & Rehab
	Medicaid	function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function R2689 - Other abnormalities of gait and mobility R2689 - Other abnormalities of gait and mobility G90 - Disorders of autonomic nervous system R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood F902 - Attention-deficit hyperactivity disorder, combined type F4324 - Adjustment disorder with disturbance of conduct F909 - Attention-deficit hyperactivity disorder, unspecified type F918 - Other conduct disorders G809 - Cerebral palsy, unspecified F913 - Oppositional defiant disorder R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV Individual and Family Therapy T1019013 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T101 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Speech Language Pathologist Speech Language Pathologist Physical Therapy & Rehab Physical Therapy & Rehab Personal Care Speech Language Pathologist Speech Language Pathologist Mental Health Personal Care Mental Health Personal Care Mental Health Physical Therapy & Rehab Physical Therapy & Rehab Physical Therapy & Rehab

March Marc						
March Mills Mills Mills Mills Controlled American Mills Controlled American Mills	AR	Medicaid	R112 - Nausea with vomiting, unspecified	an established patient, which requires a medically appropriate history and/or	Approved	Family Practice
Medical PLES National with compling systematics of Month Publishers in Month Publisher	ΔR	Medicaid	R112 - Nausea with vomiting unspecified		Annroyed	Family Practice
Marcial Field September Marcial Septembe				80053 - Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide		·
Marcial Marc	AR	Medicaid	R112 - Nausea with vomiting, unspecified	85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and	Approved	Family Practice
March Medical Color Companies Interpretation of the National Conference of Confe	AR	Medicaid	G7100 - Muscular dystrophy, unspecified	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
restance of a hospital, namely active; CPM or mills, gard file includationally of a proposal control property or secure of a hospital, namely active; CPM or mills, gard file includationally or proposal control property or proposal control property or proposal control property or pr				T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		
thouse Congress Medical Medical Segments and somatic episheroses to CINID - CINID - Cining recision for the Protein Agents of the Cining Agents of the Cini	AR	Medicaid		resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized		Personal Care
Medical Part	AR	Medicaid		98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved	Chiropractor
March Level Circums And March Level Circums And Medical	AR	Medicaid		CHRO - CHRO - Chiropractic Services Non Par Provider	Approved	Chiropractor
AS Melicae Dills Congressival Interprenatation programation of the proposal control of the program of the melingular programs of the proposal control of the programs of the p	AR	Medicaid	G7100 - Muscular dystrophy, unspecified	resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Personal Care
de haspatel, number (cold may) All Medical P31 - Latoou intelerance 1737 - Personal care environ, per 15 minute, per 15 minu	AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
of a hospital, nursing facility (CTPA) or MIND, part of the solid-statistical plan of tresident (Lose in the CTP code (1900) 1905 can be served in the CTP c				of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$		
mercan furning care only, not to be used when CFT codes 93000-93002 can be used. Medical 2939—Trachesostomy attass 2912—Nanigaces in the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the process of the longer by internal practical mans, pet from the practi				of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$		
Medical 2300 - Tachecotomy status 5921.4- Numeric care. In the hone by precised structure from too for general number; care only, not to be used when CPT code \$5900.99000 can be control from the control from th	AR	Medicaid	Z930 - Tracheostomy status	general nursing care only, not to be used when CPT codes 99500-99602 can be	Approved	Nurse
Medical 2910 - Trachecotony status 9317211. Yourneg can, in the house by registered name, per hour lust for general naming access, not to be used more in your does not not be used in the Price of Stiffs (2002 can be used) All Medical 2914. Final process of the control of the precisioner indicate number of visits authorized) Approved Duplace Medical Equipment components and control of the control of the precisioner indicate number of visits authorized) Approved Duplace Medical Equipment components and control of the components and components and control of the compone	AR	Medicaid	Z930 - Tracheostomy status	,	Approved	Nurse
partial remission AR Medical (2010 - Deven symptome, unspecified AR Medical (2010 - Deven symptome, unspecified) AR Medical (2010 - Technology) status C1300 - Otygen concentrator, unspecified with child explored the object of the company of the symptome of the company of the symptome			<u> </u>	S9123U1 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be		
Components and accessories OPNS-OPNS-Amiliary Office Visit Services (999 units) APR Medicald 20000- Encounter for general adult medical examination without abnormal findings AR Medicald 20000- Encounter for general adult medical examination without abnormal findings AR Medicald 20000- Encounter for general adult medical examination without abnormal findings AR Medicald 20000- Encounter for general adult medical examination without abnormal findings AR Medicald 20000- Encounter for general adult medical examination without abnormal findings AR Medicald 2000- Encounter for general adult medical examination without abnormal findings AR Medicald 2022- Hallau rigidus, left food 2022-1-Billau rigidus, correction with chiefscropy, Services (999 units) Approved Parally Practice AR Medicald 2022- Hallau rigidus, left food 2023- Indian rigidus, left f	AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
examination without abnormal findings AR Medical 2000 - Encounter for general adult medical examination without abnormal findings AR Medical 2000 - Encounter for general adult medical examination without abnormal findings and examination without abnormal findings are established patient, which requires a medically appropriate history and/or examination without abnormal findings are established patient, which requires a medically appropriate history and/or examination without abnormal findings are established patient, which requires a medically appropriate history and/or examination without abnormal findings are established patient, which requires a medically appropriate history and/or examination without abnormal findings are established patient, which requires a medically appropriate history and/or examination without abnormal findings are established patient, which requires a medically appropriate history and/or and/o	AR	Medicaid	Q909 - Down syndrome, unspecified		Approved	Durable Medical Equipment
wearmanton without abnormal findings AR Medical 2000 - Encounter for general adult medical examination without abnormal findings AR Medical AC 2000 - Encounter for general adult medical examination without abnormal findings AR Medical AC 2022 - Hallus rigidus, left foot 28291-Hallus rigidus corrections with chelectorys, debridement and caputals AR Medical AC 2022 - Hallus rigidus, left foot 28291-Hallus rigidus corrections with chelectorys, debridement and caputals AR Medical AC 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies E0565 - Compressor, air power source for equipment which is not self- contained or quinted ridine. AR Medical 2930 - Trachectoriny status 1998 - No. For enteral supplies E0565 - Compressor, air power source for equipment which is not self- contained or quinted ridine. AR Medical 2930 - Trachectoriny status 1998 - No. For experiment source in power source for equipment which is not self- contained or quinted ridine. AR Medical 3930 - Trachectoriny status 1998 - No. For experiment source in power source i	AR	Medicaid		OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Family Practice
an established patient, which requires a medically appropriate history and/or examination and moderate or examination and moderate or provided and patients of the company	AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Family Practice
Medical Medica	AR	Medicaid		an established patient, which requires a medically appropriate history and/or	Approved	Family Practice
Redicaid 230 - Tracheostomy status E130 - Oxygen concentration is the prescribed flow right as percent of greater oxygen concentration at the prescribed flow the prescribed flow and prescribed flow and provided an	AR	Medicaid	M2022 - Hallux rigidus, left foot	$28291 - Hallux\ rigidus\ correction\ with\ chellectomy,\ debridement\ and\ capsular\ release\ of\ the\ first\ metatarsophalangeal\ joint;\ with\ implant$		Hospital/Acute Care
Medicaid 2930-Tracheostomy status 6043- Portable segocus oxegen system, purchase; includes purchase; included and purchase included and purchase; included and purchase included and purchase included and purchase; included and purchase included and purchase;				E1390 - Oxygen concentrator, single delivery port, capable of delivering 85		
RAR Medicaid 2930 - Tracheostomy status E0565 - Compressor, air power source for equipment which is not self- Approved Durable Medical Equipment Contained or cylinder driven AR Medicaid 2930 - Tracheostomy status E0560 - Respiratory suction pump, home model, portable or stationary, electric Approved Durable Medical Equipment AR Medicaid 2930 - Tracheostomy status E0560 - Humidifier, durable for supplemental humidification during IPPB Approved Durable Medical Equipment treatment or oxygen delivery AR Medicaid Reg - Mixed receptive-expressive language 92507 - Treatment of speech, language, volce, communication, and/or auditory Approved Ucensed Behavioral Analyst disorder AR Medicaid Reg - Mixed receptive-expressive language 57 - 57 - Speech Therapy, Outpatient Approved Ucensed Behavioral Analyst disorder AR Medicaid Reg - Mixed receptive-expressive language 57 - 57 - Speech Therapy, Outpatient Approved Ucensed Behavioral Analyst disorder AR Medicaid Reg - Mixed receptive-expressive language 57 - 57 - Speech Therapy, Outpatient Ambulatory Services (999 units) Approved Ucensed Behavioral Analyst disorder AR Medicaid G800 - Spastic quadriplegic cerebral palsy OPAS - OUtpatient Ambulatory Services (999 units) Approved Hospital/Acute Care muscles) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6465 - Chemodenevation of one extremity, each additional extremity, 1-4 Approved Hospital/Acute Care more muscles) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6465 - Chemodenevation of one extremity, each additional extremity, 1-4 Denied Medicai Necessity Not Establish Hospital/Acute Care more muscles) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenevation of one extremity, each additional extremity, 1-4 Denied Medicai Necessity Not Establish Hospital/Acute Care more muscles) (List separately in ad				E0445 - Oximeter device for measuring blood oxygen levels noninvasively		
AR Medicaid 2930 - Tracheostomy status E0500 - Respiratory suction pump, home model, portable or stationary, electric Approved Durable Medical Equipment E0500 - Respiratory suction pump, home model, portable or stationary, electric Approved Durable Medical Equipment E0500 - Number of Stationary, electric Approved Durable Medical Equipment treatment or oxygen delivery treatment or oxygen delivery and treatment or oxygen delivery disorder processing disorder individual processing disorder diso				flowmeter, humidifier, cannula or mask, and tubing		
Medicaid 2930 - Tracheostomy status				contained or cylinder driven		
AR Medicaid F802 - Mixed receptive-expressive language 92507 - Treatment of speech, language, voice, communication, and/or auditory Approved Ucensed Behavioral Analyst disorder AR Medicaid F802 - Mixed receptive-expressive language ST - ST - Speech Therapy, Outpatient Ambulatory Services (999 units) Approved Ucensed Behavioral Analyst disorder AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 1-4 Approved Hospital/Acute Care muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (lust separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G6463 - Chemodenervation of one extremity; each additional extremity, 5						
RR Medicaid 6800 - Spastic quadriplegic cerebral palsy 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 modicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 1-4 modicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 1-4 muscles () (List separately in addition to code for primary procedure) AR Medicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscles) (List separately in addition to code for primary procedure) AR Medicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscles) (List separately in addition separately in addition of the extremity, 2-4 modicaid 6800 - Spastic quadriplegic cerebral palsy 64643 - Chemodenervation of one extremity; each additional extremity, 2-4 muscles () (List separately in addition of one extremity; each additional extremity, 2-4 muscles) (List separately in addition of one extremity; each additional extremity, 3-0 muscles) (List separately in addition of one extremity; each additional extremity, 3-0 muscles) (List separately in addition of one extremity; each additional extremity, 5-0 muscles) (List separately in addition to code for primary procedure) AR Medicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5-0 muscles () List separately in addition to code for primary procedure) AR Medicaid 6800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5-0 muscles () List separately in addition to code for primary procedure) AR Medicaid 64733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment Port - Prot Approved Physical Therapy & Rehab syndromes				treatment or oxygen delivery 92507 - Treatment of speech, language, voice, communication, and/or auditory		
AR Medicaid G800 - Spastic quadriplegic cerebral palsy G806 - OPAS - OPAS - OUtpatient Ambulatory Services (999 units) Approved Hospital/Acute Care G800 - Spastic quadriplegic cerebral palsy G8643 - Chemodenervation of one extremity; each additional extremity, 1-4 Approved Hospital/Acute Care muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G806 - Chemodenervation of one extremity; each additional extremity, 5 or more muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G804 - Chemodenervation of one extremity; each additional extremity, 5 or more muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G804 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G8045 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G80465 - Chemodenervation of one extremity; each additional extremity, 5 or more muscles (State sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G806 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscles (State Sparately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G806 - Chemodenervation of one extremity; each additional extremity, 5 or penied Medical Necessity Not Establish Hospital/Acute Care Medical G800 - Spastic quadriplegic cerebral palsy G806 - Chemodenervation of one extremity, 5 or primary procedure	AR	Medicaid	F802 - Mixed receptive-expressive language		Approved	Licensed Behavioral Analyst
AR Medicaid G800 - Spastic quadriplegic cerebral palsy muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy OPAS - OPAS - Outpatient Ambulatory Services (999 units) AR Medicaid G800 - Spastic quadriplegic cerebral palsy OPAS - OPAS - Outpatient Ambulatory Services (999 units) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4645 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in additional extremity, 2-4 muscle(s) (List separately in additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4645 - Chemodenervation of one extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4645 - Chemodenervation of one extremity, 1						
AR Medicaid G800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 Denied Medical Necessity Not Establish Hospital/Acute Care muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment AR Medicaid G8789 - Other specified congenital malformation syndromes, not elsewhere classified PTOT - PTOT Approved Physical Therapy & Rehab syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified Syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes, not elsewhere classified G8789 - Other specified congenital malformation syndromes,				64643 - Chemodenervation of one extremity; each additional extremity, 1-4		·
AR Medicaid G800 - Spastic quadriplegic cerebral palsy OPAS - OPAS - OUtpatient Ambulatory Services (999 units) Denied Medical Necessity Not Establish Hospital/Acute Care Medical G800 - Spastic quadriplegic cerebral palsy muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle (s) (List separately in addition to code for primary procedure) AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Requipment AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment AR Medicaid G8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid F902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care older than 28 days of age	AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645 - Chemodenervation of one extremity; each additional extremity, 5 or	Approved	Hospital/Acute Care
muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G800 - Spastic quadriplegic cerebral palsy G4645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0601 - Continuous airway pressure (CPAP) device Approved Durable Medical Equipment AR Medicaid G8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid G8789 - Other specified congenital malformation syndromes, not elsewhere classified exercises to develop strength and endurance, range of motion and flexibility AR Medicaid F902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - OUtpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis S4161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved bright and substitute Care other than 28 days of age				OPAS - OPAS - Outpatient Ambulatory Services (999 units)		
more muscle(s) (List separately in addition to code for primary procedure) AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0562 - Humidifier, heated, used with positive airway pressure device Approved Durable Medical Equipment AR Medicaid G4733 - Obstructive sleep apnea (adult) (pediatric) E0601 - Continuous airway pressure (CPAP) device Approved Durable Medical Equipment AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified P110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic proved Physical Therapy & Rehab exercises to develop strength and endurance, range of motion and flexibility AR Medicaid F902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis S4161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved Hospital/Acute Care older than 28 days of age				muscle(s) (List separately in addition to code for primary procedure)		
AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified exercises to develop strength and endurance, range of motion and flexibility AR Medicaid P902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis S4161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved older than 28 days of age of the control o	AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)		Approved	Durable Medical Equipment
syndromes, not elsewhere classified AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified exercises to develop strength and endurance, range of motion and flexibility AR Medicaid F902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis S4161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved Hospital/Acute Care older than 28 days of age	AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved	Durable Medical Equipment
AR Medicaid Q8789 - Other specified congenital malformation syndromes, not elsewhere classified exercises to develop strength and endurance, range of motion and flexibility AR Medicaid F902 - Attention-deficit hyperactivity disorder, combined type AR Medicaid N471 - Phimosis OPAS - OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved More Hospital/Acute Care AR Medicaid N471 - Phimosis S4161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved Hospital/Acute Care older than 28 days of age	AR	Medicaid		PTOT - PTOT	Approved	Physical Therapy & Rehab
combined type AR Medicaid N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis 54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved Hospital/Acute Care older than 28 days of age	AR	Medicaid	Q8789 - Other specified congenital malformation		Approved	Physical Therapy & Rehab
AR Medicaid N471 - Phimosis OPAS - OPAS - Outpatient Ambulatory Services (999 units) Approved Hospital/Acute Care AR Medicaid N471 - Phimosis 54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; Approved Hospital/Acute Care older than 28 days of age	AR	Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
· · ·			N471 - Phimosis	${\tt 54161}$ - Circumcision, surgical excision other than clamp, device, or dorsal slit;		
	AR	Medicaid	F913 - Oppositional defiant disorder		Approved	Registered Non-Credentialed

AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	90837 - Psychotherapy, 60 minutes with patient	Approved		Licensed Social Worker
AR	Medicaid	R6250 - Unspecified lack of expected normal	ST - ST - Speech Therapy, Outpatient	Approved		Physical Therapy & Rehab
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Physical Therapy & Rehab
AR	Medicaid	physiological development in childhood Q040 - Congenital malformations of corpus	processing disorder; individual T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved		Personal Care
		callosum	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$			
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	H900 - Conductive hearing loss, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	H900 - Conductive hearing loss, bilateral	69620 - Myringoplasty (surgery confined to drumhead and donor area)	Approved		Hospital/Acute Care
AR	Medicaid	F78A9 - Other genetic related intellectual disability	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F439 - Reaction to severe stress, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	R1310 - Dysphagia, unspecified	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved		Home Infusion
AR	Medicaid	R1310 - Dysphagia, unspecified	S9343 - Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formul	Approved		Home Infusion
AR	Medicaid	R2681 - Unsteadiness on feet	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	R2681 - Unsteadiness on feet	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic			Physical Therapy & Rehab
			exercises to develop strength and endurance, range of motion and flexibility			••
AR	Medicaid	G808 - Other cerebral palsy	PTOT - PTOT	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	G808 - Other cerebral palsy	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			Supplier Prosthetic/Orthotic
AR	Medicaid	R278 - Other lack of coordination	PTOT - PTOT	Approved		Occupational Therapy Assistant
AR	Medicaid	R278 - Other lack of coordination	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapy Assistant
			dynamic activities to improve functional performance), each 15 minutes			
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved		Nurse
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	zgg11 - Dependence on respirator [ventilator] status	S9123U1 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be	Approved		Nurse
AR	Medicaid	R32 - Unspecified urinary incontinence	used) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
AR	Medicaid	F321 - Major depressive disorder, single episode,	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
		moderate				
AR AR	Medicaid Medicaid	N471 - Phimosis N471 - Phimosis	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Denied Denied	Medical Necessity Not Establish Medical Necessity Not Establish	
AR	Medicaid	M47896 - Other spondylosis, lumbar region	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Anesthesiology
AR	Medicaid	M47896 - Other spondylosis, lumbar region	64635 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Approved		Anesthesiology
AR	Medicaid	M47896 - Other spondylosis, lumbar region	64636 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately	Approved		Anesthesiology
AR	Medicaid	Q046 - Congenital cerebral cysts	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	treatment (code may T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved		Personal Care
AR	Modicald	F3481 - Disruptive mood dysregulation diso	treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Annected		Outpt Behav Hith Agency
AR	Medicaid Medicaid	F32A - Depression, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved Denied	Medical Necessity Not Establish	
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	other qualified health care 97153EP - Adaptive behavior treatment by protocol, administered by technician	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	under the direction of a physician or other qualified health care professional, face-to-face with one patie 97155EP - Adaptive behavior treatment with protocol modification,	Denied	Medical Necessity Not Establish	Licensed Rehavioral Analyst
			administered by physician or other qualified health care professional, which may include simultaneous direction of tech		ivicuitai ivetessity NOT Establish	
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F4320 - Adjustment disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency

AR	Medicaid	F919 - Conduct disorder, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speed	ch Language Pathologist
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospi	ital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and	41899 - Unlisted procedure, dentoalveolar structures	Approved	Hospi	ital/Acute Care
AR	Medicaid	cleaning without abnormal findings G800 - Spastic quadriplegic cerebral palsy	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Approved	Nurse	2
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse	3
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S9123U1 - Nursing care, in the home; by registered nurse, per hour (use for	Approved	Nurse	
			general nursing care only, not to be used when CPT codes 99500-99602 can be used)			
AR	Medicaid	F32A - Depression, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish Perso	nal Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		t Behav Hith Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt	t Behav Hith Agency
AR	Medicaid	R12 - Heartburn	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Gastro	oenterology
AR	Medicaid	R12 - Heartburn	43239 - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or	Approved	Gastro	oenterology
		0004 11 1 11 11 11 11 11	multiple			
AR	Medicaid	Q031 - Atresia of foramina of Magendie and Luschka	EQ483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Approved	Durac	ble Medical Equipment Supplier
AR	Medicaid	I509 - Heart failure, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved	Perso	nal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	Q204 - Double inlet ventricle	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		ital/Acute Care
AR	Medicaid	Q204 - Double inlet ventricle	93463 - Pharmacologic agent administration (eg, inhaled nitric oxide,	Approved	Hospi	ital/Acute Care
			intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic mea			
AR	Medicaid	Q204 - Double inlet ventricle	93596 - Right and left heart catheterization for congenital heart defect(s)	Approved	Hospi	ital/Acute Care
			including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal nativ			
AR	Medicaid	Q204 - Double inlet ventricle	93597 - Right and left heart catheterization for congenital heart defect(s)	Approved	Hospi	ital/Acute Care
			including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal nat			
AR	Medicaid	Q204 - Double inlet ventricle	92998 - Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	Approved	Hospi	ital/Acute Care
AR	Medicaid	Q02 - Microcephaly	E1232 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with	Approved	Durab	ble Medical Equipment
AR	Medicaid	Q02 - Microcephaly	seating system E1022 - Wheelchair transportation securement system, any type, includes all	Approved	Durab	ble Medical Equipment
AR	Medicaid	Q02 - Microcephaly	components and accessories E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching			ble Medical Equipment
AII	Wicalcala	QOZ WICHOCCHIMIY	hardware	Арргочец	Durac	ole Medical Equipment
AR AR	Medicaid Medicaid	Q02 - Microcephaly Q02 - Microcephaly	K0108 - Wheelchair component or accessory, not otherwise specified E2291 - Back, planar, for pediatric size wheelchair including fixed attaching	Approved Approved		ble Medical Equipment ble Medical Equipment
AR	Medicaid	Q02 - Microcephaly	hardware E1033 - Wheelchair accessory, manual swingaway, retractable or removable	Approved	Durab	ble Medical Equipment
AR	Medicaid	Q02 - Microcephaly	mounting hardware for headrest, cushioned, any type E1034 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		ble Medical Equipment
AR	Medicaid	Q02 - Microcephaly	mounting hardware for lateral trunk or hip support, any type E1028 - Wheelchair accessory, manual swingaway, retractable or removable	Approved		ble Medical Equipment
,	Wicalcala	QUE IMPROCESSION	mounting hardware, other	прриотса	Daras	ole Medical Equipment
AR	Medicaid	Q02 - Microcephaly	K0040 - Adjustable angle footplate, each	Approved	Durab	ble Medical Equipment
AR	Medicaid	H7293 - Unspecified perforation of tympanic	69643 - Tympanoplasty with mastoidectomy (including canalplasty, middle ear	Approved	Hospi	ital/Acute Care
		membrane, bilateral	surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstructi			
AR	Medicaid	H7293 - Unspecified perforation of tympanic membrane, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospi	ital/Acute Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish Perso	nal Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospi	ital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	93653 - Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction	Approved	Hospi	ital/Acute Care
			of an arrhythmia with right atri			
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	93620 - Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted	Approved	Hospi	ital/Acute Care
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	induction of arrhythmia; with rig OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt	t Behav Hith Agency
AR	Medicaid	P0703 - Extremely low birth weight newborn, 750-	B9998 - NOC for enteral supplies	Approved	Durab	ble Medical Equipment
AR	Medicaid	999 grams P0703 - Extremely low birth weight newborn, 750-	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide	Approved		ble Medical Equipment
	cuicaiu	999 grams	chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	. sproveu	Julac	
AR	Medicaid	P0703 - Extremely low birth weight newborn, 750- 999 grams	B9998 - NOC for enteral supplies	Approved	Durab	ble Medical Equipment
AR	Medicaid	R0689 - Other abnormalities of breathing	E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Approved	Ventil	lator Equipment
AR	Medicaid	G40311 - Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus	an accessories and sup T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Perso	nal Care
AR	Medicaid	S72141A - Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved	Perso	nal Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	plan of treatment (code may 95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved	<u> </u>	ital/Acute Care
An	ivieulcald	64733 - Obstructive Sieep aprilea (adult) (pediatric)	additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved	ноѕрі	nun neute care

AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more	Approved		Hospital/Acute Care
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	additional parameters of sleep, attended by a technologist B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	V2624 - Polishing/resurfacing of ocular prosthesis	Approved		Hospital/Acute Care
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	V2626 - Reduction of ocular prosthesis	Approved		Hospital/Acute Care
AIX	iviculculu	examination without abnormal findings	V2020 Reduction of ocular prostricts	Аррготса		Tiospitaly Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical	V2625 - Enlargement of ocular prosthesis	Approved		Hospital/Acute Care
AR	Medicaid	examination without abnormal findings R339 - Retention of urine, unspecified	A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without	Approved		Durable Medical Equipment
			coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each			
AR	Medicaid	G809 - Cerebral palsy, unspecified	B4152 - Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats,	Approved		Home Infusion
			carbohydrates, vitamins and m			
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	percent or greater oxygen concentration at the prescribed flow rate E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
		status				
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0560 - Humidifier, durable for supplemental humidification during IPPB	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	z9911 - Dependence on respirator [ventilator]	treatment or oxygen delivery E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
,	medicaid	status	tracheostomy tube)	/ ippiored		Darable inculcul Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Occupational Therapist
		physiological development in childhood	dynamic activities to improve functional performance), each 15 minutes			
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	physiological development in childhood R620 - Delayed milestone in childhood	PTOT - PTOT	Denied	Medical Necessity Not Establish	Occupational Therapist
AR	Medicaid	R620 - Delayed milestone in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Denied	Medical Necessity Not Establish	
			dynamic activities to improve functional performance), each 15 minutes			
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	G809 - Cerebral palsy, unspecified	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	R6250 - Unspecified lack of expected normal	PTOT - PTOT	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Early Int. Day Tmt (EIDT)
		physiological development in childhood	dynamic activities to improve functional performance), each 15 minutes			
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	D57419 - Sickle-cell thalassemia with crisis,	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved		Personal Care
		unspecified	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	Z930 - Tracheostomy status	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	percent or greater oxygen concentration at the prescribed flow rate E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
			percent or greater oxygen concentration at the prescribed flow rate			
AR	Medicaid	Z930 - Tracheostomy status	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved		Durable Medical Equipment
40	A A - di i d	7020 Tarabasas Assas	flowmeter, humidifier, cannula or mask, and tubing	A		Donalda Adadia-I Farriana-at
AR AR	Medicaid Medicaid	Z930 - Tracheostomy status J9611 - Chronic respiratory failure with hypoxia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	tracheostomy tube) E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
	cuicalu	·	tracheostomy tube)	pproved		2.350c meason Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0465UB - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	tracheostomy tube) E0465UB - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
			tracheostomy tube)			
AR	Medicaid	Z940 - Kidney transplant status	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved		Personal Care
			plan of treatment (code may			
AR	Medicaid	69340 - Encephalopathy, unspecified	81479 - Unlisted molecular pathology procedure	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	F419 - Anxiety disorder, unspecified Z789 - Other specified health status	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) PTOT - PTOT	Approved Approved		Masters Level Clinicians Physical Therapy & Rehab
AR	Medicaid	Z789 - Other specified health status	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved		Physical Therapy & Rehab
			exercises to develop strength and endurance, range of motion and flexibility			
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Hospital/Acute Care
40		combined type				·
AR AR	Medicaid Medicaid	F4389 - Other reactions to severe stress R6250 - Unspecified lack of expected normal	OV - OV Individual and Family Therapy ST - ST - Speech Therapy, Outpatient	Approved Approved		Outpt Behav Hith Agency Early Int. Day Tmt (EIDT)
		physiological development in childhood				
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AD	Modis 11	unspecified type	OV OV Office Visit Prostition - II-distance II-distance II-distance II-distance II-distance III-distance III-	Ances		Masters Level Clininia
AR	Medicaid	F89 - Unspecified disorder of psychological development	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	M5412 - Radiculopathy, cervical region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR AR	Medicaid Medicaid	M5412 - Radiculopathy, cervical region F909 - Attention-deficit hyperactivity disorder,	CHRO - CHRO - Chiropractic Services Non Par Provider T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved Approved		Chiropractor Personal Care
	cuicalu	unspecified type	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	. Aprioved		
			treatment (code may			

AR AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	intractable G44209 - Tension-type headache, unspecified, not intractable	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 98942 - Chiropractic manipulative treatment (CMT); spinal, 5 regions 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or	Approved Denied	Medical Necessity Not Establish Medical Necessity Not Establish	
AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid	G44209 - Tension-type headache, unspecified, not intractable G44209 - Tension-type headache, unspecified, not intractable	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 98942 - Chiropractic manipulative treatment (CMT); spinal, 5 regions 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or	Denied		Hospital/Acute Care
AR AR AR AR	Medicaid Medicaid	intractable G44209 - Tension-type headache, unspecified, not intractable	98942 - Chiropractic manipulative treatment (CMT); spinal, 5 regions 99204 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or			
AR AR AR	Medicaid Medicaid	intractable	new patient, which requires a medically appropriate history and/or	Denied	Medical Necessity Not Establish	
AR AR AR	Medicaid	G44209 - Tension-type headache, unspecified, not	examination and moderate level of me			Hospital/Acute Care
AR AR		intractable	97035 - Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	84-11	G809 - Cerebral palsy, unspecified	PTOT - PTOT	Approved		Occupational Therapist
	Medicaid	G809 - Cerebral palsy, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	F3132 - Bipolar disorder, current episode depressed, moderate	OV - OV Individual and Family Therapy	Approved		Licensed Psychology Practition
	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	Q02 - Microcephaly	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Q02 - Microcephaly	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	K439 - Ventral hernia without obstruction or	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
		gangrene	40504 0			
.R	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49591 - Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implanta	Approved		Hospital/Acute Care
ıR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49593 - Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implanta	Approved		Hospital/Acute Care
AR .	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49595 - Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implanta	Approved		Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49615 - Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implan	Approved		Hospital/Acute Care
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F840 - Autistic disorder	81243 - FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) al	Approved		Hospital/Acute Care
AR .	Medicaid	N950 - Postmenopausal bleeding	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
.R	Medicaid	N950 - Postmenopausal bleeding	58558 - Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or			Hospital/Acute Care
R	Medicaid	N950 - Postmenopausal bleeding	polypectomy, with or without D & C 58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or	Approved		Hospital/Acute Care
ıR	Medicaid	N950 - Postmenopausal bleeding	total oophorectomy and/or salpingectomy) 58662 - Laparoscopy, surgical; with fulguration or excision of lesions of the	Approved		Hospital/Acute Care
			ovary, pelvic viscera, or peritoneal surface by any method			
R	Medicaid	C189 - Malignant neoplasm of colon, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
R	Medicaid	C189 - Malignant neoplasm of colon, unspecified	37242 - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	Approved		Hospital/Acute Care
AR.	Medicaid	C189 - Malignant neoplasm of colon, unspecified	37243 - Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	Approved		Hospital/Acute Care
AR.	Medicaid	R1312 - Dysphagia, oropharyngeal phase	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved		Home Infusion
ıR	Medicaid	R1312 - Dysphagia, oropharyngeal phase	B4155 - Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, argini	Approved		Home Infusion
AR.	Medicaid	F4389 - Other reactions to severe stress	H2015U4 - Comprehensive community support services, per 15 minutes	Approved		Outpt Behav Hith Agency
R	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2015U4 - Comprehensive community support services, per 15 minutes	Approved		Outpt Behav Hith Agency
R	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2019U4 - Therapeutic behavioral services, per 15 minutes	Approved		Outpt Behav Hith Agency
	Medicaid	F4389 - Other reactions to severe stress	H2019U4 - Therapeutic behavioral services, per 15 minutes	Approved		Outpt Behav Hith Agency
	Medicaid Medicaid	F4389 - Other reactions to severe stress	H2014U4 - Skills training and development, per 15 minutes	Approved		Outpt Behav Hith Agency
R	INICUITAIN	F90 - Attention-deficit hyperactivity disorders F4389 - Other reactions to severe stress	H2014U4 - Skills training and development, per 15 minutes H2011U4 - Crisis intervention service, per 15 minutes	Approved Approved		Outpt Behav Hith Agency Outpt Behav Hith Agency
R R			H2011U4 - Crisis intervention service, per 15 minutes	Approved		Outpt Behav Hith Agency
R R R	Medicaid Medicaid	F90 - Attention-deficit hyperactivity disorders	·	Approved		Personal Care
iR iR iR	Medicaid	F90 - Attention-deficit hyperactivity disorders F79 - Unspecified intellectual disabilities	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of			
AR AR AR AR	Medicaid Medicaid			Approved		Masters Level Clinicians
AR	Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$	Approved	Medical Necessity Not Establish	Outpt Behav Hith Agency
ir ir ir ir ir ir	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities F419 - Anxiety disorder, unspecified F319 - Bipolar disorder, unspecified F419 - Anxiety disorder, unspecified	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Denied		Outpt Behav Hlth Agency Speech Language Pathologist
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities F419 - Anxiety disorder, unspecified F319 - Bipolar disorder, unspecified F419 - Anxiety disorder, unspecified F419 - Anxiety disorder, unspecified	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may OY - OY - Office Visit, Practitioner (Indicate number of visits authorized) OY - OY - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual ST - ST - Speech Therapy, Outpatient	Approved Denied Denied	Medical Necessity Not Establish	Outpt Behav Hith Agency Speech Language Pathologist Speech Language Pathologist
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities F419 - Anxiety disorder, unspecified F319 - Bipolar disorder, unspecified F419 - Anxiety disorder, unspecified	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 0V - OV - OTfice Visit, Practitioner (Indicate number of visits authorized) 0V - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 5T - ST - Speech Therapy, Outpatient E1399NU - Durable medical equipment, miscellaneous	Approved Denied	Medical Necessity Not Establish	Outpt Behav Hlth Agency Speech Language Pathologist

AR	Medicaid	M25512 - Pain in left shoulder	PTOT - PTOT	Approved	Hospital/Acute Care
AR	Medicaid	M25512 - Pain in left shoulder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Hospital/Acute Care
			exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid	M25512 - Pain in left shoulder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Hospital/Acute Care
			dynamic activities to improve functional performance), each 15 minutes		
AR	Medicaid	R102 - Pelvic and perineal pain	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	R102 - Pelvic and perineal pain	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Physical Therapy & Rehab
			dynamic activities to improve functional performance), each 15 minutes		
AR	Medicaid	R102 - Pelvic and perineal pain	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Physical Therapy & Rehab
			exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4544 - Adult sized disposable incontinence product, protective	Approved	Durable Medical Equipment
			underwear/pull-on, above extra large, each		
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4535 - Disposable liner/shield/guard/pad/undergarment, for incontinence,	Approved	Durable Medical Equipment
A.D.	Madianid	FOOD Davidanmental disorder of speech and	each	Approved	Charles Language Dathelagist
AR	Medicaid	F809 - Developmental disorder of speech and language, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
AR	Medicaid	F809 - Developmental disorder of speech and	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
AII.	iviculculu	language, unspecified	51 51 Special merapy, outpatient	Арргочец	Speceri Eariguage Fathologist
AR	Medicaid	L739 - Follicular disorder, unspecified	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Dermatology
AR	Medicaid	L739 - Follicular disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Dermatology
AR	Medicaid	L739 - Follicular disorder, unspecified	99213 - Office or other outpatient visit for the evaluation and management of	Approved	Dermatology
An	iviculcalu	1739 - Follicular disorder, drispecified	an established patient, which requires a medically appropriate history and/or	жири очен	Dermatology
			examination and low level o		
ΛD	Modicaid	GROO Spartic quadriplogic corobral palcy		Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	seating system E2231 - Manual wheelchair accessory, solid seat support base (replaces sling	Approved	Durable Medical Equipment
an .	iviculcalu	occo opastic quauripiegic cerebral palsy	seat), includes any type mounting hardware	· ipp. orcu	Salable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire	Approved	Durable Medical Equipment
l "'			(removable), any type, any size, each	er	- quipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0040 - Adjustable angle footplate, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete		Durable Medical Equipment
. 313	ivicultaid	Soco Spastic quadripicgic terebrai paisy	assembly, each	pp. oved	Surable Medical Equipment
AR	Medicaid	GOOD Spacetic quadriplorie corphyal pales.		Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0950 - Wheelchair accessory, tray, each	Approved Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy	E0971 - Manual wheelchair accessory, antitipping device, each E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching	Approved	Durable Medical Equipment Durable Medical Equipment
AK	ivieuicaiu	Good - Spastic quadriplegic cerebral palsy	hardware	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed	Approved	Durable Medical Equipment
AN	iviculcalu	Good - Spastic quadriplegic cerebral paisy	mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2624 - Skin protection and positioning wheelchair seat cushion, adjustable,	Approved	Durable Medical Equipment
AK	ivieuicaiu	G800 - Spastic quadriplegic cerebral palsy		Approved	Durable Medical Equipment
AR	Medicaid	GROO - Spactic quadrinlogic corchael polos	width less than 22 in, any depth F0957 - Wheelchair accessory, medial thigh support, any type, including fixed	Approved	Durable Medical Equipment
An	ivieuicaia	G800 - Spastic quadriplegic cerebral palsy	E0957 - Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid				
AK	ivieuicaiu	G800 - Spastic quadriplegic cerebral palsy	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including	Approved	Durable Medical Equipment
		0000 0 11 11 1 1 1 1	any type mounting hardware		
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1028 - Wheelchair accessory, manual swingaway, retractable or removable	Approved	Durable Medical Equipment
4.0	8.6 - alt - at al	COOO Caratia auraduialania assabasi asias	mounting hardware, other	Augustia	Describe Madical Facilities
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1023 - Wheelchair transit securement system, includes all components and	Approved	Durable Medical Equipment
		0000 0 11 11 1 1 1 1	accessories		
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1034 - Wheelchair accessory, manual swingaway, retractable or removable	Approved	Durable Medical Equipment
		0000 0 11 11 1 1 1 1	mounting hardware for lateral trunk or hip support, any type		
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1033 - Wheelchair accessory, manual swingaway, retractable or removable	Approved	Durable Medical Equipment
4.0	8.6 - d1 1 d	FOOD Address and the control of the	mounting hardware for headrest, cushioned, any type	Augustual	Dhariad Tharana & Dahah
AR	Medicaid	F802 - Mixed receptive-expressive language	92523 - Evaluation of speech sound production (eg, articulation, phonological	Approved	Physical Therapy & Rehab
		disorder	process, apraxia, dysarthria); with evaluation of language comprehension and		
4.0	8.6 1 1 - 1	FOOD Address of the control of the c	expression (eg, receptive an	Augustian	Dhariad Tharas O Dahah
AR	Medicaid	F802 - Mixed receptive-expressive language	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Physical Therapy & Rehab
AR	Medicaid	P6250 Unspecified lack of expected permal	PTOT PTOT	Approved	Occupational Thorseist
AR	iviedicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved	Occupational Therapist
ΛP	Modia-1-		97520. Thorapoutic activities, direct long on and activities that	Approved	Occupational Therenist
AR	Medicaid	R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Occupational Therapist
ΛP	Modicald	physiological development in childhood G249 - Dystonia, unspecified	dynamic activities to improve functional performance), each 15 minutes	Approved	Hospital/Acuto Care
AR	Medicaid	, , ,	ST - ST - Speech Therapy, Outpatient	Approved	Hospital/Acute Care
AR	Medicaid	G249 - Dystonia, unspecified	92526 - Treatment of swallowing dysfunction and/or oral function for feeding	Approved	Hospital/Acute Care
AP	Modia-14	0020 Tricomy and partial trics	POORS NOC for enteral cumplies	Approved	Durable Medical Fault
AR	Medicaid	Q929 - Trisomy and partial trisomy of autosomes,	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AD	Modinis	unspecified	074E4ED. Debaulas identification assessment administrated by a first	Approved	Licensed Debouier-Lauren
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or	Approved	Licensed Behavioral Analyst
			other qualified health care professional, each 15 minutes of the physician's or		
AD	Media 11	F900 Davidanma-tal-liberator (other qualified health care	Approved	Personal Cars
AR	Medicaid	F809 - Developmental disorder of speech and	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Approved	Personal Care
		language, unspecified	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of		
AD		70000 F	treatment (code may	Assessed	Ambulatan C 1 10
AR	Medicaid	Z0000 - Encounter for general adult medical	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AD	Media 11	examination without abnormal findings	GCOOA Entra consular cotava-t	Approved	Ambulaton Commission
AR	Medicaid	Z0000 - Encounter for general adult medical	66984 - Extracapsular cataract removal with insertion of intraocular lens	Approved	Ambulatory Surgical Center
		examination without abnormal findings	prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation		
		6000 6 1 1 1 2 2	and aspiration or phacoemulsif		
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved	Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized		
			plan of treatment (code may		
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved	Personal Care
AR	Medicaid	R6259 - Other lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Speech Language Pathologist
		physiological development in childhood	processing disorder; individual		
AR	Medicaid	R6259 - Other lack of expected normal	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
		physiological development in childhood			
AR	Medicaid	F918 - Other conduct disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9123 - Nursing care, in the home; by registered nurse, per hour (use for	Approved	Nurse
			general nursing care only, not to be used when CPT codes 99500-99602 can be $ \label{eq:codes} % \begin{center} centen$		
			used)		
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse

AR	Medicaid	·	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	physiological development in childhood R6250 - Unspecified lack of expected normal	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Physical Therapy & Rehab
AR	Medicaid		dynamic activities to improve functional performance), each 15 minutes B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide	Annengal		Home Infusion
AK	ivieuicaiu		on the continuation of the	Approved		nome musion
AR	Medicaid	Z931 - Gastrostomy status	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F79 - Unspecified intellectual disabilities	T019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	J984 - Other disorders of lung	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Physical Medicine & Rehab
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	M1990 - Unspecified osteoarthritis, unspecified site	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	T8789 - Other complications of amputation stump		Approved		Home Health Agency
AR	Medicaid		G0299 - Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
AR	Medicaid		A4554 - Disposable underpads, all sizes	Approved		Durable Medical Equipment
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Licensed Behavioral Analyst
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)		Approved		Durable Medical Equipment
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid		97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Insufficient Clinical Information	Licensed Behavioral Analyst
AR	Medicaid		97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Insufficient Clinical Information	Licensed Behavioral Analyst
AR	Medicaid		97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Insufficient Clinical Information	Licensed Behavioral Analyst
AR	Medicaid		PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	•	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			Physical Therapy & Rehab
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Therapy PT, OT, SLP
AR	Medicaid	·	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Therapy PT, OT, SLP
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Therapy PT, OT, SLP
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Therapy PT, OT, SLP
AR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be	Approved		Nurse
AR			used)			
	Medicaid		used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus		Approved Denied	Medical Necessity Not Establish	
AR		Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be		Medical Necessity Not Establish Medical Necessity Not Establish	Nurse
AR AR	Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J9611 - Chronic respiratory failure with hypoxia	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Denied Denied Approved		Nurse Nurse Nurse
AR	Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J0611 - Chronic respiratory failure with hypoxia J0611 - Chronic respiratory failure with hypoxia R0689 - Other abnormalities of breathing	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway	Denied Denied		Nurse
AR AR	Medicaid Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J0703 - Arnold-Chiari syndrome with spina bifida J0703 - Arnold-Chiari syndrome with spina bif	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway pressure B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may	Denied Denied Approved		Nurse Nurse Nurse
AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia R0689 - Other abnormalities of breathing P929 - Feeding problem of newborn, unspecified	59124 - Nursing care, in the home; by licensed practical nurse, per hour 59123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) 59124 - Nursing care, in the home; by licensed practical nurse, per hour 59123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) 59124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway pressure B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Denied Denied Approved Approved Approved Approved Approved		Nurse Nurse Nurse Durable Medical Equipment Supplier Durable Medical Equipment
AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia R0689 - Other abnormalities of breathing P929 - Feeding problem of newborn, unspecified P929 - Feeding problem of newborn, unspecified	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway pressure B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may	Denied Denied Approved Approved Approved		Nurse Nurse Nurse Durable Medical Equipment Supplier
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia R0689 - Other abnormalities of breathing P929 - Feeding problem of newborn, unspecified P929 - Feeding problem of newborn, unspecified P929 - Feeding problem of newborn, unspecified	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway pressure B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B9998 - NOC for enteral supplies OV - OV - Office Visit, Practitioner (indicate number of visits authorized)	Denied Denied Approved Approved Approved Approved Approved Approved Approved Approved Approved		Nurse Nurse Nurse Durable Medical Equipment Supplier Durable Medical Equipment Durable Medical Equipment Outpable Medical Equipment Outpable Medical Equipment Outpt Behav Hith Agency
AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus J9611 - Chronic respiratory failure with hypoxia J9611 - Chronic respiratory failure with hypoxia R0689 - Other abnormalities of breathing P929 - Feeding problem of newborn, unspecified P938 - Other conduct disorders R6259 - Other lack of expected normal physiological development in childhood	S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour S9123 - Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) S9124 - Nursing care, in the home; by licensed practical nurse, per hour E0482 - Cough stimulating device, alternating positive and negative airway pressure B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug B9988 - NOC for enteral supplies B9998 - NOC for enteral supplies	Denied Denied Approved Approved Approved Approved Approved Approved Approved		Nurse Nurse Nurse Durable Medical Equipment Supplier Durable Medical Equipment Durable Medical Equipment

AR	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	G40 - Epilepsy and recurrent seizures	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F842 - Rett's syndrome	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	J3502 - Chronic adenoiditis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	J3502 - Chronic adenoiditis	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	J3502 - Chronic adenoiditis F902 - Attention-deficit hyperactivity disorder, combined type	42820 - Tonsillectomy and adenoidectomy; younger than age 12 OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Hospital/Acute Care Masters Level Clinicians
AR	Medicaid	S83005A - Unspecified dislocation of left patella, initial encounter	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	S83005A - Unspecified dislocation of left patella, initial encounter	97162 - PT EVAL MOD COMPLEX 30 MIN	Approved		Physical Therapy & Rehab
AR	Medicaid	S83005A - Unspecified dislocation of left patella, initial encounter	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	S83004A - Unspecified dislocation of right patella, initial encounter	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	S83004A - Unspecified dislocation of right patella, initial encounter	97162 - PT EVAL MOD COMPLEX 30 MIN	Approved		Physical Therapy & Rehab
AR	Medicaid	S83004A - Unspecified dislocation of right patella, initial encounter	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	S83004A - Unspecified dislocation of right patella, initial encounter	PTOT - PTOT	Denied	Medical Necessity Not Establish	Physical Therapy & Rehab
AR	Medicaid	S83004A - Unspecified dislocation of right patella, initial encounter	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Denied	Medical Necessity Not Establish	Physical Therapy & Rehab
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	M130 - Polyarthritis, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	I5040 - Unspecified combined systolic (congestive) and diastolic (congestive) heart failure	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR AR	Medicaid Medicaid		OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved Approved		Masters Level Clinicians Hospital/Acute Care
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	examination without abnormal findings J028 - Acute pharyngitis due to other specified organisms	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	J028 - Acute pharyngitis due to other specified organisms	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	J028 - Acute pharyngitis due to other specified organisms	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le	Approved		EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapist
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid		E0562 - Humidifier, heated, used with positive airway pressure device	Approved		Durable Medical Equipment
AR	Medicaid		T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			Personal Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid		E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved		Durable Medical Equipment
AR	Medicaid	G43109 - Migraine with aura, not intractable, without status migrainosus	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	
AR	Medicaid	G43109 - Migraine with aura, not intractable, without status migrainosus	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	
AR	Medicaid	R7309 - Other abnormal glucose	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care

AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility			Physical Therapy & Rehab
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0470 - Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device w	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	R2681 - Unsteadiness on feet	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	J4521 - Mild intermittent asthma with (acute) exacerbation	$T1019-Personal \ care \ services, per\ 15\ minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may$			Personal Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
١R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
ıR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
ıR	Medicaid	M1990 - Unspecified osteoarthritis, unspecified site	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
IR.	Medicaid	H9011 - Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR.	Medicaid	H9011 - Conductive hearing loss, unilateral, right ear, with unrestricted hearing on the contralateral side	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved		Hospital/Acute Care
ιR	Medicaid	M623 - Immobility syndrome (paraplegic)	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
ıR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Physical Therapy & Rehab
IR.	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie			Physical Therapy & Rehab
R R	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT 07520 Therapoutic activities direct (one on one) nations contact (use of	Approved Approved		Occupational Therapist
	Medicaid	Q909 - Down syndrome, unspecified	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	whhlosea		Occupational Therapist
ıR	Medicaid	G80 - Cerebral palsy	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
.R						
	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Denied	Medical Necessity Not Establish	Durable Medical Equipment
	Medicaid Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric) G800 - Spastic quadriplegic cerebral palsy	E0601 - Continuous airway pressure (CPAP) device S1002 - Customized item (list in addition to code for basic item)	Denied Approved	Medical Necessity Not Establish	Durable Medical Equipment Durable Medical Equipment
R			S1002 - Customized item (list in addition to code for basic item)		Medical Necessity Not Establish	
R R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved	Medical Necessity Not Establish	Durable Medical Equipment
R R R	Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved Approved Approved Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care
R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure)	Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care
R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure)	Approved Approved Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist
R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care
R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT	Approved Approved Approved Approved Approved Approved Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist
R R R R R R R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F84 - Disruptive mood dysregulation diso	S1002 - Customized Item (list in addition to code for basic Item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist Speech Language Pathologist Speech Language Pathologist Outpt Behav Hith Agency
IR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F3481 - Disruptive mood dysregulation diso M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	\$1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (noe-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist Speech Language Pathologist Speech Language Pathologist Outpt Behav Hith Agency Hospital/Acute Care
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F3481 - Disruptive mood dysregulation diso M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	S1002 - Customized Item (list in addition to code for basic Item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist Speech Language Pathologist Speech Language Pathologist Outpt Behav Hith Agency
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F83 - Specific developmental disorder or motor function F81 - Unspecified developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F84 - Specific developmental disorder of motor function F85 - Specific developmental disorder of motor function F87 - Specific developmental disorder of motor function F88 - Specific developmental disorder of motor function F89 - Specific developmental disorder of motor function F81 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F84 - Specific developmental disorder of motor function F85 - Specific developmental disorder of motor function F87 - Specific developmental disorder of motor function F88 - Specific developmental disorder of motor function F89 - Specific developmental disorder of motor function F81 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F84 - Specific developmental disorder of motor function F85 - Specific developmental disorder of motor function F87	S1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (indicate number of visits authorized) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist Speech Language Pathologist Speech Language Pathologist Outpt Behav Hith Agency Hospital/Acute Care
AAR	Medicaid	G800 - Spastic quadriplegic cerebral palsy F840 - Autistic disorder Z79899 - Other long term (current) drug therapy J0190 - Acute sinusitis, unspecified J0190 - Acute sinusitis, unspecified F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F82 - Specific developmental disorder of motor function F83 - Specific developmental disorder of motor function F3481 - Disruptive mood dysregulation diso M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	S1002 - Customized item (list in addition to code for basic item) T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 80361 - Opiates, 1 or more OPAS - Outpatient Ambulatory Services (999 units) 42870 - Excision or destruction lingual tonsil, any method (separate procedure) PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (indicate number of visits authorized) OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Medical Necessity Not Establish	Durable Medical Equipment Personal Care Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Speech Language Pathologist Speech Language Pathologist Speech Language Pathologist Outpt Behav Hith Agency Hospital/Acute Care Hospital/Acute Care

4.0	8.6 - 41 1 - 1	FOO Consider developmental discussion of material	07440 Therese the second of A control of AF colored the second of	A	One can also all The can let
AR	Medicaid	F82 - Specific developmental disorder of motor function	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Occupational Therapist
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q909 - Down syndrome, unspecified	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q909 - Down syndrome, unspecified	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Therapy PT, OT, SLP
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1031 - Rollabout chair, any and all types with castors 5 in or greater	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1399 - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR AR	Medicaid Medicaid	Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	Therapy PT, OT, SLP Therapy PT, OT, SLP
AR	Medicaid	Q909 - Down syndrome, unspecified	auditory processing disorder; individual STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hith Agency
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel v	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	PTOT - PTOT	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility		Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97150 - Therapeutic procedure(s), group (2 or more individuals)	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97535 - Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive t		Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97113 - Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved	Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic	Approved	Hospital/Acute Care
			sense, posture, and/or proprioception for si		
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care	Approved	Hospital/Acute Care
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AR AR	Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved Approved	Ambulatory Surgical Center Ambulatory Surgical Center
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general	Approved	Ambulatory Surgical Center
AR AR	Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12	Approved Approved Approved Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center
AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6988 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous	Approved Approved Approved Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment
AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric)	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved Approved Approved Approved Approved Approved Approved Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric)	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - OUtpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - OUtpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR AR AR AR AR AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anaesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4326 - Adjustment disorder with disturbance of conduct J984 - Other disorders of lung	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct J984 - Other disorders of lung 1984 - Adjustment disorder with mixed disturbance of emotions and conduct J4325 - Adjustment disorder with mixed disturbance of emotions and conduct	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung F4325 - Adjustment disorder with mixed disturbance of emotions and conduct G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anaesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0445 - National Company of the service of the ser	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung G40812 - Lennox-Gastaut syndrome, not	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder G8733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung F4325 - Adjustment disorder with mixed disturbance of emotions and conduct G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder G8733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung F4325 - Adjustment disorder with mixed disturbance of emotions and conduct G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct G40812 - Lennox-Gastaut syndrome, not intractable, without status peliepticus G4099 - Down syndrome, unspecified G909 - Down syndrome, unspecified F4310 - Post-traumatic stress disorder, unspecified F902 - Attention-deficit hyperactivity disorder, combined type	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0483 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup PTOT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct G4525 - Adjustment disorder with mixed disturbance of emotions and conduct G4812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus G4099 - Down syndrome, unspecified G4099 - Down syndrome, unspecified G4090 - Attention-deficit hyperactivity disorder, combined type F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F4323 - Adjustment disorder with mixed disturbance of emotions and conduct G4310 - Autistic disorder with mixed disturbance of emotions and conduct G4310 - Autistic disorder with mixed disturbance of emotions and conduct G4310 - Adjustment disorder with mixed disturbance of emotions and conduct G4323 - Adjustment disorder with mixed anxiety and depressed mood	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Dximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Dximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Mental Health Mental Health
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4325 - Adjustment disorder with disturbance of conduct F4325 - Adjustment disorder with mixed disturbance of emotions and conduct J984 - Other disorders of lung F4325 - Adjustment disorder with mixed disturbance of emotions and conduct G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified F902 - Attention-deficit hyperactivity disorder, combined type F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F4323 - Adjustment disorder with mixed disturbance of emotions and conduct F4323 - Adjustment disorder with mixed disturbance of emotions and conduct F4323 - Adjustment disorder with mixed anxiety and depressed mood G4733 - Obstructive sleep apnea (adult) (pediatric)	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 57 - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup FOTT - PTOT 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Mental Health Mental Health Durable Medical Equipment
AR A	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral H6983 - Other specified disorders of Eustachian tube, bilateral F840 - Autistic disorder F840 - Autistic disorder G809 - Cerebral palsy, unspecified G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) G4733 - Obstructive sleep apnea (adult) (pediatric) J353 - Hypertrophy of tonsils with hypertrophy of adenoids J353 - Hypertrophy of tonsils with hypertrophy of adenoids F4324 - Adjustment disorder with disturbance of conduct G4525 - Adjustment disorder with mixed disturbance of emotions and conduct G4812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus G4099 - Down syndrome, unspecified G4099 - Down syndrome, unspecified G4090 - Attention-deficit hyperactivity disorder, combined type F4325 - Adjustment disorder with mixed disturbance of emotions and conduct F4323 - Adjustment disorder with mixed disturbance of emotions and conduct G4310 - Autistic disorder with mixed disturbance of emotions and conduct G4310 - Autistic disorder with mixed disturbance of emotions and conduct G4310 - Adjustment disorder with mixed disturbance of emotions and conduct G4323 - Adjustment disorder with mixed anxiety and depressed mood	sense, posture, and/or proprioception for si 97164 - Pt re-eval est plan care OPAS - OPAS - Outpatient Ambulatory Services (999 units) 69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia 42830 - Adenoidectomy, primary; younger than age 12 ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual E1399NU - Durable medical equipment, miscellaneous E0482 - Cough stimulating device, alternating positive and negative airway pressure E0445 - Oximeter device for measuring blood oxygen levels noninvasively OPAS - OPAS - Outpatient Ambulatory Services (999 units) 42821 - Tonsillectomy and adenoidectomy; age 12 or over OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Oximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Dximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) E0445 - Dximeter device for measuring blood oxygen levels noninvasively OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Ambulatory Surgical Center Ambulatory Surgical Center Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Ambulatory Surgical Center Ambulatory Surgical Center Outpt Behav Hith Agency Outpt Behav Hith Agency Durable Medical Equipment Masters Level Clinicians Ventilator Equipment Physical Therapy & Rehab Physical Therapy & Rehab Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency Mental Health

AR	Medicaid	R6250 - Unspecified lack of expected normal	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
AR	Medicaid	physiological development in childhood F4310 - Post-traumatic stress disorder, unspecified	processing disorder; individual OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved		Speech Language Pathologist
4.0	A A - olt tol	FOAO Australia dispuden	processing disorder; individual			Consider the second Death of select
AR AR	Medicaid Medicaid	F840 - Autistic disorder G40901 - Epilepsy, unspecified, not intractable, with status epilepticus	ST - ST - Speech Therapy, Outpatient T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved		Speech Language Pathologist Personal Care
AR	Medicaid	P942 - Congenital hypotonia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Approved		Durable Medical Equipment
AR	Medicaid	P942 - Congenital hypotonia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR AR	Medicaid Medicaid	P942 - Congenital hypotonia P942 - Congenital hypotonia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	R1312 - Dysphagia, oropharyngeal phase	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment Supplier
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Z0001 - Encounter for general adult medical examination with abnormal findings	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	Z0001 - Encounter for general adult medical examination with abnormal findings	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care
AR	Medicaid	Z0001 - Encounter for general adult medical examination with abnormal findings	97033 - Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Approved		Hospital/Acute Care
AR	Medicaid	Z0001 - Encounter for general adult medical examination with abnormal findings	97032 - Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Approved		Hospital/Acute Care
	Medicaid	Z0001 - Encounter for general adult medical examination with abnormal findings	97010 - Application of a modality to 1 or more areas; hot or cold packs	Approved		Hospital/Acute Care
AR	Medicaid	G40802 - Other epilepsy, not intractable, without status epilepticus	T1019U3-Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	G4041 - Other generalized epilepsy and epileptic syndromes, intractable	T101903-Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	
AR	Medicaid	F919 - Conduct disorder, unspecified	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hith Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	R102 - Pelvic and perineal pain	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	R102 - Pelvic and perineal pain	97112 - Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for si	Approved		Physical Therapy & Rehab
AR	Medicaid	R102 - Pelvic and perineal pain	97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Approved		Physical Therapy & Rehab
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Approved		Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	E2512 - Accessory for speech generating device, mounting system	Approved		Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	E2599 - Accessory for speech generating device, not otherwise classified	Approved		Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$	Approved		Personal Care
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	T1019U3-Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	R269 - Unspecified abnormalities of gait and mobility	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	R269 - Unspecified abnormalities of gait and mobility	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Acute Care
AR	Medicaid	R269 - Unspecified abnormalities of gait and mobility	97163 - Pt eval high complex 45 min	Approved		Hospital/Acute Care
AR	Medicaid	G919 - Hydrocephalus, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q602 - Renal agenesis, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care

AR	Medicaid	Q602 - Renal agenesis, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	R0683 - Snoring	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	J45909 - Unspecified asthma, uncomplicated	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Hospital/Acute Care
AR AR	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	PTOT - PTOT 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved		Occupational Therapist Occupational Therapist
			dynamic activities to improve functional performance), each 15 minutes			·
AR	Medicaid	E230 - Hypopituitarism	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Internal Medicine
AR	Medicaid	E230 - Hypopituitarism	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Internal Medicine
AR	Medicaid	E230 - Hypopituitarism	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le	Approved		Internal Medicine
AR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	I455 - Other specified heart block	KO739 - Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Approved		Durable Medical Equipment
AR	Medicaid	I455 - Other specified heart block	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder		Denied	Medical Necessity Not Establish	
AR	Medicaid	D821 - Di George's syndrome	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident	Denied	Medical Necessity Not Establish	Personal Care
			of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$		medical recessity from Establish	
AR	Medicaid	G609 - Hereditary and idiopathic neuropathy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	D821 - Di George's syndrome	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	S82891A - Other fracture of right lower leg, initial encounter for closed fracture	L1902 - Ankle-foot orthotic (AFO), ankle gauntlet, prefabricated, includes fitting and adjustment	Approved		Durable Medical Equipment
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	R6251 - Failure to thrive (child)	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved		Home Infusion
AR	Medicaid	F328 - Other depressive episodes	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	F4323 - Adjustment disorder with mixed anxiety and depressed mood F79 - Unspecified intellectual disabilities	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved Approved		Mental Health Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may			
AR	Medicaid	Q6689 - Other specified congenital deformities of feet	28116 - Ostectomy, excision of tarsal coalition	Approved		Hospital/Acute Care
AR	Medicaid	Q6689 - Other specified congenital deformities of feet	28300 - Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation	Approved		Hospital/Acute Care
AR	Medicaid	Q6689 - Other specified congenital deformities of feet	27687 - Gastrocnemius recession (eg, Strayer procedure)	Approved		Hospital/Acute Care
AR	Medicaid	Q6689 - Other specified congenital deformities of feet	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Q878 - Other specified congenital malformation syndromes, not elsewhere classified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
AR	Medicaid	R1310 - Dysphagia, unspecified	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved		Durable Medical Equipment
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinical Cnslr LPCC
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR AR	Medicaid Medicaid	J9601 - Acute respiratory failure with hypoxia J9601 - Acute respiratory failure with hypoxia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved Approved		Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	J9601 - Acute respiratory failure with hypoxia	Fortiable gaseous oxygen system, purchase, includes regulator, flowmeter, humidifier, cannula or mask, and tubing E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	predominantly inattentive type F32A - Depression, unspecified	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	1872 - Venous insufficiency (chronic) (peripheral)	treatment (code may 36475 - Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Approved		Diagnostic Radiology
AR	Medicaid	1872 - Venous insufficiency (chronic) (peripheral)	36465 - Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; s	Approved		Diagnostic Radiology
AR	Medicaid	1872 - Venous insufficiency (chronic) (peripheral)	36466 - Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; m	Approved		Diagnostic Radiology
AR	Medicaid	1872 - Venous insufficiency (chronic) (peripheral)	36471 - Injection of sclerosing solution; multiple veins, same leg	Approved		Diagnostic Radiology
AR	Medicaid	1872 - Venous insufficiency (chronic) (peripheral)	36471LT - Injection of sclerosing solution; multiple veins, same leg	Approved		Diagnostic Radiology
AR	Medicaid	H900 - Conductive hearing loss, bilateral	92553 - Pure tone audiometry (threshold); air and bone	Approved		Audiology
AR AR	Medicaid Medicaid	H900 - Conductive hearing loss, bilateral F411 - Generalized anxiety disorder	92567 - Tympanometry (impedance testing) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Audiology Outpt Behav Hlth Agency
AR	Medicaid	K036 - Deposits [accretions] on teeth	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K036 - Deposits [accretions] on teeth	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR						

AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
AR	Medicaid	R252 - Cramp and spasm	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved	Hospital/Acute Care
AR AR	Medicaid	R252 - Cramp and spasm F902 - Attention-deficit hyperactivity disorder,	64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved	Hospital/Acute Care Licensed Social Worker
AK	ivieuicaiu	combined type	OV - OV - Office visit, Practitioner (indicate number of visits authorized)	Approved	Licensed Social Worker
AR	Medicaid	G808 - Other cerebral palsy	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish Personal Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	PTOT - PTOT	Approved	Therapy PT, OT, SLP
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Therapy PT, OT, SLP
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Therapy PT, OT, SLP
AR	Medicaid	M79605 - Pain in left leg	E0114 - Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips, and handgrips	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	F840 - Autistic disorder P0732 - Preterm newborn, gestational age 29 completed weeks	T1019U3 - T1019U3 Personal Care Services, per 15 minutes PTOT - PTOT	Approved Approved	Personal Care Therapy PT, OT, SLP
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Therapy PT, OT, SLP
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	K029 - Dental caries, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AR	Medicaid	K029 - Dental caries, unspecified	41899 - Unlisted procedure, dentoalveolar structures	Approved	Ambulatory Surgical Center
AR	Medicaid	F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved	Personal Care
AR	Medicaid	F809 - Developmental disorder of speech and language, unspecified	ST - ST - Speech Therapy, Outpatient	Approved	Therapy PT, OT, SLP
AR AR	Medicaid	F809 - Developmental disorder of speech and language, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		Therapy PT, OT, SLP
AN	ivieuicaiu	F809 - Developmental disorder of speech and language, unspecified	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153EP - Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Denied	Medical Necessity Not Establish Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156EP - Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155EP - Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which	Approved	Licensed Behavioral Analyst
			may include simultaneous direction of tech		
AR	Medicaid	G8191 - Hemiplegia, unspecified affecting right dominant side	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved	Hospital/Acute Care
AR AR	Medicaid Medicaid	dominant side (88191 - Hemiplegia, unspecified affecting right dominant side (88191 - Hemiplegia, unspecified affecting right dominant side	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Approved Approved	Hospital/Acute Care Hospital/Acute Care
AR AR	Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved Denied	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency
AR AR AR	Medicaid Medicaid	dominant side 68191 - Hemiplegia, unspecified affecting right dominant side 68191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder,	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure)	Approved Approved	Hospital/Acute Care Hospital/Acute Care
AR	Medicaid Medicaid Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved Denied Approved Denied	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency Outpt Behav Hith Agency Medical Necessity Not Establish Personal Care
AR AR AR	Medicaid Medicaid Medicaid	dominant side (88191 - Hemiplegia, unspecified affecting right dominant side (88191 - Hemiplegia, unspecified affecting right dominant side (F902 - Attention-deficit hyperactivity disorder, combined type (F3481 - Disruptive mood dysregulation diso	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes 11019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized	Approved Approved Denied Approved Denied	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hlth Agency Outpt Behav Hlth Agency
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved Approved Denied Approved Denied	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency Outpt Behav Hith Agency Medical Necessity Not Establish Personal Care
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities F419 - Anxiety disorder, unspecified F840 - Autistic disorder	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (list separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Vist; practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 90837U4 - Psychotherapy, 60 minutes with patient 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	Approved Approved Denied Approved Denied Approved Denied Approved Approved	Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav HIth Agency Outpt Behav HIth Agency Medical Necessity Not Establish Personal Care Outpt Behav HIth Agency Medical Necessity Not Establish Licensed Behavioral Analyst Adv. Practice Reg. Nurse
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities F419 - Anxiety disorder, unspecified F840 - Autistic disorder F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 90837U4 - Psychotherapy, 60 minutes with patient 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 90791 - Psychiatric diagnostic evaluation OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved Approved Denied Approved Denied Approved Approved Approved Approved Approved	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency Outpt Behav Hith Agency Medical Necessity Not Establish Personal Care Outpt Behav Hith Agency Medical Necessity Not Establish Licensed Behavioral Analyst Adv. Practice Reg. Nurse Outpt Behav Hith Agency
AR AR AR AR AR AR AR AR AR	Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities F419 - Anxiety disorder, unspecified F840 - Autistic disorder F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F3481 - Disruptive mood dysregulation diso	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes 11019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 90837U4 - Psychotherapy, 60 minutes with patient 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 90791 - Psychiatric diagnostic evaluation OFVS - OFVS - Ancillary Office Visit Services (999 units) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Hospital/Acute Care Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency Outpt Behav Hith Agency Medical Necessity Not Establish Personal Care Outpt Behav Hith Agency Medical Necessity Not Establish Licensed Behavioral Analyst Adv. Practice Reg. Nurse Outpt Behav Hith Agency Outpt Behav Hith Agency Outpt Behav Hith Agency
AR AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	dominant side G8191 - Hemiplegia, unspecified affecting right dominant side G8191 - Hemiplegia, unspecified affecting right dominant side F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso F71 - Moderate intellectual disabilities F419 - Anxiety disorder, unspecified F840 - Autistic disorder F902 - Attention-deficit hyperactivity disorder, combined type F3481 - Disruptive mood dysregulation diso	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or more muscle(s) (List separately in addition to code for primary procedure) OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may 90837U4 - Psychotherapy, 60 minutes with patient 97151EP - Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care 90791 - Psychiatric diagnostic evaluation OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved Denied Denied Denied Approved Approved Approved Approved Approved Approved Approved Approved Approved	Hospital/Acute Care Hospital/Acute Care Medical Necessity Not Establish Outpt Behav Hith Agency Outpt Behav Hith Agency Medical Necessity Not Establish Personal Care Outpt Behav Hith Agency Medical Necessity Not Establish Licensed Behavioral Analyst Adv. Practice Reg. Nurse Outpt Behav Hith Agency

AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved		Durable Medical Equipment
AR	Medicaid	z9911 - Dependence on respirator [ventilator]	percent or greater oxygen concentration at the prescribed flow rate E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved		Durable Medical Equipment
		status	flowmeter, humidifier, cannula or mask, and tubing			
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved		Durable Medical Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator]	tracheostomy tube) E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
A.D.	B d = all = all al	status	T4040U2 December of February and February an	A		Danier Comp
AR	Medicaid	Q902 - Trisomy 21, translocation	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	Q902 - Trisomy 21, translocation	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Waiver Medical Necessity Not E	Personal Care
AR	Medicaid	Q378 - Unspecified cleft palate with bilateral cleft lip		Approved		EPSDT-Early Per Scr, Diag, Treat
AR	Medicaid	Q378 - Unspecified cleft palate with bilateral cleft lip	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	G809 - Cerebral palsy, unspecified	Till 1903 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
AR	Medicaid	F840 - Autistic disorder	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Approved		Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may $$			
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Hospital/Acute Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	physiological development in childhood F902 - Attention-deficit hyperactivity disorder,	dynamic activities to improve functional performance), each 15 minutes OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
		combined type				
AR AR	Medicaid Medicaid	F913 - Oppositional defiant disorder F913 - Oppositional defiant disorder	90791 - Psychiatric diagnostic evaluation OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved Approved		Masters Level Clinicians Masters Level Clinicians
AR	Medicaid	R6250 - Unspecified lack of expected normal	PTOT - PTOT	Approved		Early Int. Day Tmt (EIDT)
		physiological development in childhood				E
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Early Int. Day Tmt (EIDT)
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Approved		Durable Medical Equipment
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	E2599 - Accessory for speech generating device, not otherwise classified	Approved		Durable Medical Equipment
AR AR	Medicaid Medicaid	G801 - Spastic diplegic cerebral palsy L600 - Ingrowing nail	E2512 - Accessory for speech generating device, mounting system OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved Approved		Durable Medical Equipment Podiatry
AR	Medicaid	L600 - Ingrowing nail	11750 - Excision of nail and nail matrix, partial or complete (eg, ingrown or	Approved		Podiatry
			deformed nail), for permanent removal;			
AR	Medicaid	L600 - Ingrowing nail	99203 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical	Approved		Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Podiatry
AR	Medicaid	polyneuropathy E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic		Approved		Podiatry
			an established patient, which requires a medically appropriate history and/or examination and low level o			
AR	Medicaid	Z789 - Other specified health status	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Z789 - Other specified health status	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Approved		Hospital/Acute Care
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E1390NU - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0430NU - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0445EP - Oximeter device for measuring blood oxygen levels noninvasively	Denied	Medical Necessity Not Establish	
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998NU - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid		92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid		92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid		97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid		97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid		dynamic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	examination without abnormal findings P351 - Congenital cytomegalovirus infection	dynamic activities to improve functional performance), each 15 minutes HSPO - HSPO - Hospice Service, Outpatient	Approved		Hospice
AR	Medicaid		S9126 - Hospice care, in the home, per diem	Approved		Hospice
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians

AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110 - The rapeutic procedure, 1 or more areas, each 15 minutes; the rapeutic exercises to develop strength and endurance, range of motion and flexibility	Approved	Physical Therapy & Rehab
AR	Medicaid	Z0000 - Encounter for general adult medical	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	processing disorder; individual 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical examination without abnormal findings	auditory processing disorder; individual 97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	flexibility 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Early Int. Day Tmt (EIDT)
		examination without abnormal findings	exercises to develop strength and endurance, range of motion and flexibility		
AR AR	Medicaid Medicaid	F840 - Autistic disorder R6332 - Pediatric feeding disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved Approved	Mental Health Speech Language Pathologist
AR	Medicaid	R6332 - Pediatric feeding disorder, chronic	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
AR	Medicaid	Z79891 - Long term (current) use of opiate analgesic	80361 - Opiates, 1 or more	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B4161.U9 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B4161U8 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered throug	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	D2335 - Resin - Four Or More Surfaces Or Involving Incisal Angle (Anterior)	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical	V5040EP - Hearing aid, monaural, body worn, bone conduction	Approved	Audiology
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or	Denied Medical Necessity Not Establish	n Personal Care
			resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may		
AR AR	Medicaid Medicaid	F411 - Generalized anxiety disorder Z0000 - Encounter for general adult medical	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized) 97530 - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved Approved	Mental Health Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes 97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	dynamic activities to improve functional performance), each 15 minutes E0430NU - Portable gaseous oxygen system, purchase; includes regulator,	Approved	Durable Medical Equipment
AR	Medicaid	examination without abnormal findings	flowmeter, humidifier, cannula or mask, and tubing		
		Z0000 - Encounter for general adult medical examination without abnormal findings	percent or greater oxygen concentration at the prescribed flow rate	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	S065X0D - Traumatic subdural hemorrhage without loss of consciousness, subsequent encounter	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97530 - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97530UB - Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	processing disorder; individual 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	auditory processing disorder; individual 97110 - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic	Approved	Early Int. Day Tmt (EIDT)
		examination without abnormal findings	exercises to develop strength and endurance, range of motion and flexibility		
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	97110UB - Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	Z0000 - Encounter for general adult medical	flexibility T1003U6 - LPN/LVN services, up to 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	examination without abnormal findings F840 - Autistic disorder	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	Approved	Personal Care
AR	Medicaid	Z930 - Tracheostomy status	treatment (code may E0465 - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	tracheostomy tube) E0465UB - Home ventilator, any type, used with invasive interface, (e.g.,	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical	tracheostomy tube) 92507UB - Treatment of speech, language, voice, communication, and/or	Approved	Speech Language Pathologist
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	auditory processing disorder; individual 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved	Speech Language Pathologist
AR	Medicaid	examination without abnormal findings Z0000 - Encounter for general adult medical	processing disorder; individual B9002 - Enteral nutrition infusion pump - with alarm	Approved	Durable Medical Equipment
AR	Medicaid	examination without abnormal findings R0689 - Other abnormalities of breathing	E0482 - Cough stimulating device, alternating positive and negative airway	Approved	Ventilator Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified	pressure E1390 - Oxygen concentrator, single delivery port, capable of delivering 85	Approved	Durable Medical Equipment
AR	Medicaid	whether with hypoxia or hypercapnia J9610 - Chronic respiratory failure, unspecified	percent or greater oxygen concentration at the prescribed flow rate E0430 - Portable gaseous oxygen system, purchase; includes regulator,	Approved	Durable Medical Equipment
		whether with hypoxia or hypercapnia	flowmeter, humidifier, cannula or mask, and tubing		
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
		G800 - Spastic quadriplegic cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4	Approved	Hospital/Acute Care
AR	Medicala		muscle(s) (List separately in addition to code for primary procedure)		
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	muscle(s) (List separately in addition to code for primary procedure) 64645 - Chemodenervation of one extremity; each additional extremity, 5 or	Approved	Hospital/Acute Care

R	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley	Approved		Supplier Prosthetic/Orthotic
3	Medicaid	N3281 - Overactive bladder	shell, each 64561 - Percutaneous implantation of neurostimulator electrode array; sacral	Approved		Hospital/Acute Care
	Wicalcaid	10201 Overdenie biodae.	nerve (transforaminal placement) including image guidance, if performed	пррготса		nospital/neate care
	Medicaid	F913 - Oppositional defiant disorder	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hith Agency
	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	R55 - Syncope and collapse	81405 - Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)	Approved		Pediatrics
	Medicaid	Z931 - Gastrostomy status	B4160 - Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates,	Approved		Home Infusion
	Medicaid	F209 - Schizophrenia, unspecified	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved		Personal Care
	Medicaid	N35911 - Unspecified urethral stricture, male, meatal N35911 - Unspecified urethral stricture, male,	OPAS - OPAS - Outpatient Ambulatory Services (999 units) 53460 - Urethromeatoplasty, with partial excision of distal urethral segment	Approved Approved		Hospital/Acute Care Hospital/Acute Care
	ivieuicaiu	meatal	(Richardson type procedure)	Approved		riospital/Acute Care
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hith Agency
	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Denied	Medical Necessity Not Establish	
	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E1390 - Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Denied	Medical Necessity Not Establish	Durable Medical Equipment
l	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Denied	Medical Necessity Not Establish	Durable Medical Equipment
l	Medicaid	R2991 - Unspecified symptoms and signs involving the musculoskeletal system	81405 - Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)	Denied	Medical Necessity Not Establish	Pediatrics
?	Medicaid	R2991 - Unspecified symptoms and signs involving the musculoskeletal system	81406 - Molecular pathology procedure, Level 7 (eg. analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	Denied	Medical Necessity Not Establish	Pediatrics
₹	Medicaid	R2991 - Unspecified symptoms and signs involving the musculoskeletal system	81407 - Molecular pathology procedure, Level 8 (eg. analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	Denied	Medical Necessity Not Establish	Pediatrics
₹	Medicaid	R2991 - Unspecified symptoms and signs involving the musculoskeletal system	81408 - Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)		Medical Necessity Not Establish	
	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F919 - Conduct disorder, unspecified	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
	Medicaid Medicaid	F418 - Other specified anxiety disorders Q02 - Microcephaly	90837 - Psychotherapy, 60 minutes with patient E1031EP - Rollabout chair, any and all types with castors 5 in or greater	Approved Approved		Outpt Behav HIth Agency Durable Medical Equipment
	Medicaid	Q02 - Microcephaly	E1399NU - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
	Medicaid	F919 - Conduct disorder, unspecified	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hith Agency
	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
	Medicaid	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
	Medicaid Medicaid	F800 - Phonological disorder F800 - Phonological disorder	ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved Approved		Speech Language Pathologist Speech Language Pathologist
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	processing disorder; individual OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav HIth Agency
	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
	Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient 92507 - Treatment of speech, language, voice, communication, and/or auditory	Approved Approved		Speech Language Pathologist Speech Language Pathologist
			processing disorder; individual			
	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
	Medicaid	F902 - Attention-deficit hyperactivity disorder,	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
	Medicaid	combined type F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
l	Medicaid	F79 - Unspecified intellectual disabilities	T1019 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Denied	Medical Necessity Not Establish	Personal Care
l	Medicaid	E662 - Morbid (severe) obesity with alveolar hypoventilation	T1019U3 - Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Personal Care
	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hith Agency
	Medicaid	F331 - Major depressive disorder, recurrent, moderate	90791 - Psychiatric diagnostic evaluation	Approved		Mental Health
	Medicaid	extremity	G0299 - Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
	Medicaid	extremity	health or hospice setting, each 15 minutes	Approved		Home Health Agency
	Medicaid	F840 - Autistic disorder	99205 - Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medica			Outpt Behav Hith Agency
l .	Medicaid	F840 - Autistic disorder	99214 - Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate le	Approved		Outpt Behav Hith Agency
l .	Medicaid	F840 - Autistic disorder	an established patient, which requires a medically appropriate history and/or examination and high level	Approved		Outpt Behav Hith Agency
₹	Medicaid	T8789 - Other complications of amputation stump	G0299 - Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
_						