

Market	Program	Diagnosis	Procedure	Decision	Decision Reason	Provider Speciality
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	K0038 - Leg strap, each	Approved		Supplier Prosthetic/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 function	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Licensed Social Worker
AR	Medicaid	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
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	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	Medicaid	R6251 - Failure to thrive (child)	B9998 - NOC for enteral supplies	Approved		Home Infusion
AR	Medicaid	S39 - Other and unspecified injuries of abdomen, lower back, pelvis and external genitals	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	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	Approved		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 Hlth 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 processing disorder; individual	Approved		Physical Therapy & Rehab
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 exercises to develop strength and endurance, range of motion and flexibility	Approved		Hospital/Critical Access

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	K0108 - 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 molded, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0958 - Manual wheelchair accessory, one-arm drive attachment, each	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E2226 - Manual wheelchair accessory, caster fork, any size, replacement only, each	Approved	Durable Medical Equipment
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 hardware	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	Z48812 - Encounter for surgical aftercare following surgery on the circulatory system	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	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth 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	Approved	Personal Care
AR	Medicaid	F840 - 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	D5780 - Other sickle-cell disorders without crisis	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	R12 - Heartburn	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Gastroenterology
AR	Medicaid	R12 - Heartburn	43239 - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	Approved	Gastroenterology
AR	Medicaid	F840 - 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 function	PTOT - PTOT	Approved	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	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 disorder	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Speech Language Pathologist
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	Personal Care
AR	Medicaid	F89 - Unspecified disorder of psychological development	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Physical Therapy & Rehab
AR	Medicaid	F89 - Unspecified disorder of psychological development	ST - ST - Speech Therapy, Outpatient	Approved	Physical Therapy & Rehab
AR	Medicaid	T8189XA - Other complications of procedures, not elsewhere classified, initial encounter	E2402 - Negative pressure wound therapy electrical pump, stationary or portable	Approved	Durable Medical Equipment
AR	Medicaid	F840 - 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	J449 - Chronic obstructive pulmonary disease, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	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	M461 - Sacroiliitis, not elsewhere classified	PAIN - PAIN - Facet Joint Injections	Approved	Physical Medicine & Rehab
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified	27096 - Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Approved	Physical Medicine & Rehab
AR	Medicaid	G479 - Sleep disorder, 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	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved	Hospital/Acute Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	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	Q0702 - Arnold-Chiari syndrome with hydrocephalus	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E2298 - Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E1012 - Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Approved	Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved	Durable Medical Equipment

AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E2377 - Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Approved		Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	T4523 - Adult sized disposable incontinence product, brief/diaper, large, each	Approved		Durable Medical Equipment
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	Z559 - Problems related to education and literacy, unspecified	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	Q969 - Turner's syndrome, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	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
AR	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
AR	Medicaid	Q969 - Turner's syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Physical Therapy & Rehab
AR	Medicaid	Q969 - Turner's syndrome, unspecified	ST - ST - Speech Therapy, Outpatient	Approved		Physical Therapy & Rehab
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	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
AR	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0019 - Arm pad, each	Approved		Durable Medical Equipment
AR	Medicaid	G7101 - Duchenne or Becker muscular dystrophy	K0018 - Detachable, adjustable height armrest, upper portion, each	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0700 - Safety equipment, device or accessory, any type	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	M2142 - Flat foot [pes planus] (acquired), left foot	L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	M2142 - Flat foot [pes planus] (acquired), left foot	L3202 - Orthopedic shoe, Oxford with supinator or pronator, child	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	M2142 - Flat foot [pes planus] (acquired), left foot	L3202 - Orthopedic shoe, Oxford with supinator or pronator, child	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Home Infusion
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
AR	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
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	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 disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	G802 - Spastic hemiplegic cerebral palsy	L1945 - Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	L2220 - Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Approved		Supplier Prosthetic/Orthotic
AR	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
AR	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Podiatry
AR	Medicaid	D219 - Benign neoplasm of connective and other soft tissue, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Podiatry
AR	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
AR	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
AR	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	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	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 Hlth 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	Approved		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	PTOT - PTOT	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	Personal Care
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	Approved		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	Medicaid	R252 - Cramp and spasm	64642 - Chemodenervation of one extremity; 1-4 muscle(s)	Approved		Hospital/Acute Care
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	Approved		Laboratory
AR	Medicaid	F88 - Other disorders of psychological development	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	Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	G809 - Cerebral palsy, unspecified	T4532 - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Occupational Therapist
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	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	K3580 - Unspecified acute appendicitis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care

AR	Medicaid	K3580 - Unspecified acute appendicitis	44970 - Laparoscopy, surgical, appendectomy	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	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 Hlth Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4528 - Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	A4554 - Disposable underpads, all sizes	Approved		Durable Medical Equipment
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
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	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		Mental Health
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820 - Tonsillectomy and adenoidectomy; younger than age 12	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	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	PTOT - PTOT	Approved		Physical Therapy & Rehab
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		Physical Therapy & Rehab
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Registered Non-Credentialed
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	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 disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	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	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	M5416 - Radiculopathy, lumbar region	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	M5416 - Radiculopathy, lumbar region	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	F919 - Conduct disorder, unspecified	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G808 - Other cerebral palsy	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		Supplier Prosthetic/Orthotic
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinical Cnslr LPCC
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	R400 - Somnolence	E0562 - Humidifier, heated, used with positive airway pressure device	Approved		Hospital/Acute Care
AR	Medicaid	R400 - Somnolence	E0601 - Continuous airway pressure (CPAP) device	Approved		Hospital/Acute Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Adult Dev Day Tmt (ADDT)
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		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		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	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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 Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hlth 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	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	PTOT - PTOT	Approved		Children Intensive Behavioral
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		Children Intensive Behavioral
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		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Early Int. Day Tmt (EIDT)
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 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 Hlth Agency
AR	Medicaid	R252 - Cramp and spasm	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	Durable Medical Equipment
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 Hlth 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 Hlth Agency
AR	Medicaid	F321 - Major depressive disorder, single episode, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	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	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 function	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	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
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	K0108 - Wheelchair component or accessory, not otherwise specified	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	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	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	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	M5481 - Occipital neuralgia	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Denied	Medical Necessity Not Establish	Neurology
AR	Medicaid	M5481 - Occipital neuralgia	PAIN - PAIN - Facet Joint Injections	Denied	Medical Necessity Not Establish	Neurology
AR	Medicaid	G809 - Cerebral palsy, unspecified	PTOT - PTOT	Approved		Hospital/Acute Care
AR	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
AR	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
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		Hospital/Acute Care
AR	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
AR	Medicaid	R32 - Unspecified urinary incontinence	T4524 - Adult sized disposable incontinence product, brief/diaper, extra large, each	Approved		Durable Medical Equipment
AR	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
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	R6332 - Pediatric feeding disorder, chronic	B9998 - NOC for enteral supplies	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	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
AR	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	Approved		Children Intensive Behavioral
AR	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	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	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] status	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Approved		Durable Medical Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	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 percent or greater oxygen concentration at the prescribed flow rate	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	M1712 - Unilateral primary osteoarthritis, left knee	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	M1712 - Unilateral primary osteoarthritis, left knee	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	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 Hlth 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	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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	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	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, predominantly hyperactive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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		Personal 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		Personal 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		Personal 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		Nurse
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
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	Nurse
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	Nurse
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	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Dev Rehab Svs
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Dev Rehab Svs
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved		Dev Rehab Svs
AR	Medicaid	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		Personal Care
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 disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, 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	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	G80 - 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	M47812 - Spondylosis without myelopathy or radiculopathy, cervical region	PAIN - PAIN - Facet Joint Injections	Approved		Anesthesiology
AR	Medicaid	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		Anesthesiology
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		Anesthesiology
AR	Medicaid	R279 - Unspecified lack of coordination	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Occupational Therapist
AR	Medicaid	R279 - Unspecified lack of coordination	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Occupational Therapist
AR	Medicaid	R279 - Unspecified lack of coordination	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	F200 - Paranoid schizophrenia	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	M7918 - Myalgia, other site	20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Denied	Medical Necessity Not Establish	Neurology
AR	Medicaid	M7918 - Myalgia, other site	PAIN - PAIN - Facet Joint Injections	Denied	Medical Necessity Not Establish	Neurology
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	P0734 - Preterm newborn, gestational age 31 completed weeks	PTOT - PTOT	Approved		Physical Therapy & Rehab
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	Approved		Physical 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		Personal 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		Durable Medical Equipment
AR	Medicaid	R188 - Other ascites	B9998 - NOC for enteral supplies	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 Hlth Agency
AR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	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 function	97530 - 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	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	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	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	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	Q039 - Congenital hydrocephalus, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab

AR	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
AR	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	CHRO - CHRO - Chiropractic Services Non Par Provider	Approved		Chiropractor
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinical Cnslr LPCC
AR	Medicaid	H518 - Other specified disorders of binocular movement	67314 - Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)	Approved		Hospital/Acute Care
AR	Medicaid	H518 - Other specified disorders of binocular movement	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	R279 - Unspecified lack of coordination	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	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
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	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
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
AR	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
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	R41844 - Frontal lobe and executive function deficit	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
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
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, carbohydrates, vitamins and m	Approved		Home Infusion
AR	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
AR	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
AR	Medicaid	F72 - Severe intellectual disabilities	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Critical Access
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	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 disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	I639 - Cerebral infarction, 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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	N471 - Phimosis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	N471 - Phimosis	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	M7742 - Metatarsalgia, left foot	L3020 - Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	M7742 - Metatarsalgia, left foot	L3257 - Orthopedic footwear, additional charge for split size	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	M7742 - Metatarsalgia, left foot	L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	Z98890 - Other specified postprocedural sta	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Q234 - Hypoplastic left heart syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Z98890 - Other specified postprocedural sta	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	Approved		Hospital/Acute Care
AR	Medicaid	Q234 - Hypoplastic left heart syndrome	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	Approved		Hospital/Acute Care
AR	Medicaid	Q234 - Hypoplastic left heart syndrome	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	Approved		Hospital/Acute Care
AR	Medicaid	Z98890 - Other specified postprocedural sta	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	Approved		Hospital/Acute Care
AR	Medicaid	Z98890 - Other specified postprocedural sta	93588 - Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (e	Approved		Hospital/Acute Care
AR	Medicaid	Q234 - Hypoplastic left heart syndrome	93588 - Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (e	Approved		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	M4150 - Other secondary scoliosis, site unspecified	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	Medicaid	R3981 - Functional urinary incontinence	A4554 - Disposable underpads, all sizes	Approved		Durable Medical Equipment
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	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 plan of treatment (code may	Approved		Personal Care
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 Hlth 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	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	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	J353 - Hypertrophy of tonsils with hypertrophy of 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 chain reconstruction	Approved	Otolaryngology
AR	Medicaid	H7111 - Cholesteatoma of tympanum, right ear	21235 - Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Approved	Otolaryngology
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Psych Res Treatment Facility
AR	Medicaid	C7889 - Secondary malignant neoplasm of other digestive organs	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	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 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	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	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	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 through	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998U2 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B4035EP - 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	G803 - Athetoid cerebral palsy	E1031 - Rollabout chair, any and all types with castors 5 in or greater	Approved	Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E1399 - Durable medical equipment, miscellaneous	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	Children Intensive Behavioral
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	Children Intensive Behavioral
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 include fiber, administered through	Approved	Durable Medical Equipment
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	Therapy PT, OT, SLP
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	Therapy PT, OT, SLP
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 examination without abnormal findings	E1390NU - 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	Z0000 - Encounter for general adult medical examination without abnormal findings	E0430NU - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
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	Outpt Behav Hlth Agency
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	Outpt Behav Hlth Agency
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998U2 - NOC for enteral supplies	Approved	Durable Medical Equipment
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	Early Int. Day Tmt (EIDT)
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 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 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	Outpt Behav Hlth Agency
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	Outpt Behav Hlth Agency
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	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	Medicaid	H9190 - Unspecified hearing loss, unspecified ear	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	H9190 - Unspecified hearing loss, unspecified ear	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	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 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 transeptal 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 physiological development in childhood	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	Q9351 - Angelman syndrome	L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved		Supplier Prosthetic/Orthotic
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 to feeding/flushing syringe, administration set tubing, dressings, tape	Approved		Durable Medical Equipment
AR	Medicaid	C021 - Malignant neoplasm of border of tongue	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	Hospital/Acute Care
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Social Worker LISW/LCSW
AR	Medicaid	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, chest shell)	Approved		Durable Medical Equipment
AR	Medicaid	F4010 - Social phobia, unspecified	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 Hlth 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 minutes	Approved		Durable Medical Equipment
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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		Adult Dev Day Tmt (ADDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	M21752 - Unequal limb length (acquired), left femur	L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	P9163 - Severe hypoxic ischemic encephalopathy [HIE]	A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Approved		Durable Medical Equipment
AR	Medicaid	Q379 - Unspecified cleft palate with unilateral cleft lip	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Q379 - Unspecified cleft palate with unilateral cleft lip	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	Q379 - Unspecified cleft palate with unilateral cleft lip	21110 - Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	Approved		Hospital/Acute 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	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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 through	Approved		Home Infusion
AR	Medicaid	R1310 - Dysphagia, unspecified	B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Approved		Home Infusion
AR	Medicaid	B079 - Viral wart, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		CRNA Anesthetist
AR	Medicaid	B079 - Viral wart, unspecified	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		CRNA Anesthetist
AR	Medicaid	R569 - Unspecified convulsions	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	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	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment

AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	G120 - Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
AR	Medicaid	I200 - Unstable angina	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	I200 - 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 examination and moderate le	Approved		Internal Medicine
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	Z9911 - Dependence on respirator [ventilator] status	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
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 polyneuropathy	11720 - Debridement of nail(s) by any method(s); 1 to 5	Approved		Podiatry
AR	Medicaid	E1142 - Type 2 diabetes mellitus with diabetic polyneuropathy	11721 - Debridement of nail(s) by any method(s); 6 or more	Approved		Podiatry
AR	Medicaid	F918 - Other conduct disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0070 - Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	Approved		Durable Medical Equipment
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Approved		Durable Medical Equipment
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	Medicaid	G802 - Spastic hemiplegic cerebral palsy	K0040 - Adjustable angle footplate, each	Approved		Durable Medical Equipment
AR	Medicaid	M79671 - Pain in right foot	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	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	F913 - Oppositional defiant disorder	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 Hlth Agency
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	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		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	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2999 - Lower extremity orthotic, not otherwise specified	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2430 - Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Approved		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 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	P279 - Unspecified chronic respiratory disease originating in the perinatal period	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	P279 - Unspecified chronic respiratory disease originating in the perinatal period	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	P279 - Unspecified chronic respiratory disease originating in the perinatal period	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	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	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	I00 - Rheumatic fever without heart involvement	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Pediatrics
AR	Medicaid	I00 - 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, chest shell)	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	K200 - Eosinophilic esophagitis	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	A0428 - Ambulance service, basic life support, nonemergency transport, (BLS)	Denied	Medical Necessity Not Establish	Ambulance Land
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	A0425 - Ground mileage, per statute mile	Denied	Medical Necessity Not Establish	Ambulance Land
AR	Medicaid	D1800 - Hemangioma unspecified site	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	D1800 - Hemangioma unspecified site	11440 - Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	Approved		Hospital/Acute Care
AR	Medicaid	D1800 - Hemangioma unspecified site	17106 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Approved		Hospital/Acute Care
AR	Medicaid	D1800 - Hemangioma unspecified site	17107 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Approved		Hospital/Acute Care
AR	Medicaid	D1800 - Hemangioma unspecified site	17108 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Approved		Hospital/Acute Care
AR	Medicaid	J984 - Other disorders of lung	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Approved		Durable Medical Equipment
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	Q540 - Hypospadias, balanic	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Q540 - Hypospadias, balanic	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Approved		Hospital/Acute Care
AR	Medicaid	Q540 - Hypospadias, balanic	54360 - Plastic operation on penis to correct angulation	Approved		Hospital/Acute Care
AR	Medicaid	Q540 - Hypospadias, balanic	54322 - 1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	Approved		Hospital/Acute Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1022 - Wheelchair transportation securement system, any type, includes all components and accessories	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2398 - Wheelchair accessory, dynamic positioning hardware for back	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	K0077 - Front caster assembly, complete, with solid tire, each	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment
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	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0956 - Wheelchair accessory, lateral trunk or hip 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	G800 - Spastic quadriplegic cerebral palsy	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1033 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Approved		Durable Medical Equipment
AR	Medicaid	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	E1034 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0950 - Wheelchair accessory, tray, each	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	F913 - Oppositional defiant disorder	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F913 - Oppositional defiant disorder	90792 - Psychiatric diagnostic evaluation with medical services	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F913 - Oppositional defiant disorder	90885 - Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes	Approved		Outpt Behav Hlth Agency
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		Adult Dev Day Tmt (ADDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0565 - Compressor, air power source for equipment which is not self-contained or cylinder driven	Approved		Durable Medical Equipment
AR	Medicaid	R0902 - Hypoxemia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	F4389 - Other reactions to severe stress	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	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	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	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	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	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	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0466 - Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	Approved		Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment

AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0560 - Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Approved		Durable Medical Equipment
AR	Medicaid	H5015 - Alternating exotropia	67311 - Strabismus surgery, recession or resection procedure; 1 horizontal muscle	Approved		Hospital/Acute Care
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	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	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		EPSDT-Early Per Scr,Diag,Treat
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	E118 - Type 2 diabetes mellitus with unspecified 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	Q9388 - Other microdeletions	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	Q9388 - Other microdeletions	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 Hlth 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	F3481 - Disruptive mood dysregulation diso	90837 - Psychotherapy, 60 minutes with patient	Approved		Licensed Social Worker
AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	K580 - Irritable bowel syndrome with diarrhea	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Gastroenterology
AR	Medicaid	K580 - Irritable bowel syndrome with diarrhea	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Gastroenterology
AR	Medicaid	K580 - Irritable bowel syndrome with diarrhea	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		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 Hlth Agency
AR	Medicaid	M5412 - Radiculopathy, cervical region	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	M5412 - Radiculopathy, cervical region	97161 - PT EVAL LOW COMPLEX 20 MIN	Approved		Hospital/Acute Care
AR	Medicaid	M5412 - Radiculopathy, cervical region	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	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	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	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4322 - Adjustment disorder with anxiety	90837 - Psychotherapy, 60 minutes with patient	Approved		Mental Health
AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		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	Medicaid	K0510 - Chronic gingivitis, plaque induced	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Critical Access
AR	Medicaid	Q8719 - Other congenital malformation syndromes predominantly associated with short stature	E1236 - Wheelchair, pediatric size, folding, adjustable, with seating system	Approved		Durable Medical Equipment
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	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Lic Pro Clinslr LPCC
AR	Medicaid	Q043 - Other reduction deformities of brain	E1161 - Manual adult size wheelchair, includes tilt in space	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E2211 - Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	K0040 - Adjustable angle footplate, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E2209 - Accessory, arm trough, with or without hand support, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment

AR	Medicaid	Q043 - Other reduction deformities of brain	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E2624 - Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0952 - Toe loop/holder, any type, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0953 - Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0957 - Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E1033 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E1007 - Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E1034 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Approved		Durable Medical Equipment
AR	Medicaid	Q043 - Other reduction deformities of brain	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
AR	Medicaid	E849 - Cystic fibrosis, unspecified	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 Supplier
AR	Medicaid	R1310 - Dysphagia, 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		Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B4088 - Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Approved		Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	S9342 - Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula	Approved		Durable Medical Equipment
AR	Medicaid	G4713 - Recurrent hypersomnia	95810 - Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Approved		Mental Health Clinic
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	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	G808 - Other cerebral palsy	64642 - Chemodenervation of one extremity; 1-4 muscle(s)	Approved		Neurology
AR	Medicaid	G808 - Other cerebral palsy	64643 - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	Approved		Neurology
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	F319 - Bipolar disorder, unspecified	90837 - Psychotherapy, 60 minutes with patient	Approved		Licensed Behavioral Analyst
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	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	R41840 - Attention and concentration deficit	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	R41840 - Attention and concentration deficit	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	M9901 - Segmental and somatic dysfunction of cervical region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Dev Rehab Svs
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		Dev Rehab Svs
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		Dev Rehab Svs
AR	Medicaid	M47814 - Spondylolysis without myelopathy or radiculopathy, thoracic region	PAIN - PAIN - Facet Joint Injections	Approved		Hospital/Acute Care
AR	Medicaid	M47814 - Spondylolysis 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	Approved		Hospital/Acute Care
AR	Medicaid	M47814 - Spondylolysis without myelopathy or radiculopathy, thoracic region	64491 - Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical o	Approved		Hospital/Acute Care
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	Approved		Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1399 - Durable medical equipment, miscellaneous	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	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	Approved		Personal Care
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	N471 - Phimosis	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	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 Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1235 - Wheelchair, pediatric size, rigid, adjustable, with seating system	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	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E0966 - Manual wheelchair accessory, headrest extension, each	Approved		Durable Medical Equipment
AR	Medicaid	F99 - Mental disorder, not otherwise specified	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	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Speech Language Pathologist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Speech Language Pathologist
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 plan of treatment (code may	Approved		Personal Care
AR	Medicaid	M546 - Pain in thoracic spine	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	Medicaid	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	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 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	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 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	27096 - Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Approved		Anesthesiology
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	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	F79 - Unspecified intellectual disabilities	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	F79 - Unspecified intellectual disabilities	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	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] status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
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] 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	E0560 - Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	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	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	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	L3000 - 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 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		Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	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		Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	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	R6250 - Unspecified lack of expected normal physiological development in childhood	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	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 (code may	Approved		Personal 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	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	N401 - Enlarged prostate with lower urinary tract symptoms	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		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	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, predominantly hyperactive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved		Licensed Behavioral Analyst
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Licensed Behavioral Analyst
AR	Medicaid	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 Hlth 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 without psychotic features	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	Medicaid	L910 - Hypertrophic scar	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	L910 - Hypertrophic scar	19342 - Insertion or replacement of breast implant on separate day from mastectomy	Approved		Hospital/Acute Care
AR	Medicaid	H2512 - Age-related nuclear cataract, left eye	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 Hlth 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

AR	Medicaid	F339 - Major depressive disorder, recurrent, unspecified	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hlth 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)
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		Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	M542 - Cervicalgia	20552 - Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	Approved		Physical Medicine & Rehab
AR	Medicaid	M542 - Cervicalgia	20553 - Injection(s); single or multiple trigger point(s), 3 or more muscle(s)	Approved		Physical Medicine & Rehab
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 Hlth Agency
AR	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
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
AR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Children Intensive Behavioral
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		Children Intensive Behavioral
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		Children Intensive Behavioral
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hlth Agency
AR	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
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	Denied	Waiver Medical Necessity Not E	Personal Care
AR	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	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
AR	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
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved		Adult Dev Day Tmt (ADDT)
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		Adult Dev Day Tmt (ADDT)
AR	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
AR	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
AR	Medicaid	G4734 - Idiopathic sleep related nonobstructive alveolar hypoventilation	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	K625 - Hemorrhage of anus and rectum	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K625 - Hemorrhage of anus and rectum	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	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
AR	Medicaid	M5412 - Radiculopathy, cervical region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Hospital/Acute Care
AR	Medicaid	M5412 - Radiculopathy, cervical region	98943 - Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	Approved		Hospital/Acute Care
AR	Medicaid	M1904 - Primary osteoarthritis, hand	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	PTOT - PTOT	Approved		Therapy PT, OT, SLP
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		Therapy PT, OT, SLP
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		Therapy PT, OT, SLP
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Licensed Social Worker
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	Q909 - Down syndrome, unspecified	ST - ST - Speech Therapy, Outpatient	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q909 - Down syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F451 - Undifferentiated somatoform disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	D367 - Benign neoplasm of other specified sites	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	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
AR	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	Approved	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 function	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2622 - Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
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	Approved	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	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
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	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Licensed Behavioral Analyst
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	Licensed Behavioral Analyst
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	Licensed Behavioral Analyst
AR	Medicaid	Z931 - Gastrostomy status	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	Z931 - Gastrostomy status	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 dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Early Int. Day Tmt (EIDT)
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	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 additional parameters of sleep, attended by a technologist	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	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	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
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	E1065 - Type 1 diabetes mellitus with hyperglycemia	E0784 - External ambulatory infusion pump, insulin	Approved	Durable Medical Equipment
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
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	Physical Therapy & Rehab

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		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	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 Hlth 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 Hlth 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	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	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 processing disorder; individual	Approved		Speech Language Pathologist
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 processing disorder; individual	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	ST - ST - Speech Therapy, Outpatient	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	G931 - Anoxic brain damage, not elsewhere classified	E0240 - Bath/shower chair, with or without wheels, any size	Approved		Durable Medical Equipment
AR	Medicaid	G931 - Anoxic brain damage, not elsewhere classified	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	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 Supplier
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	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 Hlth Agency
AR	Medicaid	G4713 - Recurrent hypersomnia	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	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] 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	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	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 Hlth 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 elsewhere classified, initial encounter	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 elsewhere classified, initial encounter	A7000 - Canister, disposable, used with suction pump, each	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	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	M7541 - Impingement syndrome of right shoulder	29824 - Arthroscopy, shoulder, surgical; distal claviclectomy 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, when performed (List separatel	Approved		Ambulatory Surgical Center
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	G803 - Athetoid cerebral palsy	E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E1022 - Wheelchair transportation securement system, any type, includes all components and accessories	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E2292 - Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	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 mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0953 - Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E1034 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0957 - Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	G803 - Athetoid cerebral palsy	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved		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	I10 - 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	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	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	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	F840 - Autistic disorder	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	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	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
AR	Medicaid	Q046 - Congenital cerebral cysts	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	K0065 - Spoke protectors, each	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	Q046 - Congenital cerebral cysts	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	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
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	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
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	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	G800 - Spastic quadriplegic cerebral palsy	K0108 - Wheelchair component or accessory, not otherwise specified	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1016 - Shock absorber for power wheelchair, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1004 - Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Approved	Durable Medical Equipment
AR	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
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Early Int. Day Tmt (EIDT)
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 dynamic activities to improve functional performance), each 15 minutes	Approved	Early Int. Day Tmt (EIDT)
AR	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
AR	Medicaid	R0902 - Hypoxemia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
AR	Medicaid	R0902 - Hypoxemia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved	Durable Medical Equipment
AR	Medicaid	R0902 - Hypoxemia	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L1945 - Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2280 - Addition to lower extremity, molded inner boot	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L2820 - Addition to lower extremity orthotic, soft interface for molded plastic, below knee section	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	L3216 - Orthopedic footwear, ladies shoe, depth inlay, each	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	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 treatment (code may	Approved	Personal Care
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 Hlth Agency
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	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	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, counseling/anticipatory guid	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	Q749 - Unspecified congenital malformation of limb(s)	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	Q749 - Unspecified congenital malformation of limb(s)	E1399 - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
AR	Medicaid	H900 - Conductive hearing loss, bilateral	V5040 - Hearing aid, monaural, body worn, bone conduction	Approved	Hospital/Acute Care
AR	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved	Physical Therapy & Rehab
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	Physical Therapy & Rehab
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	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	R6259 - Other lack of expected normal physiological development in childhood	PTOT - PTOT	Approved	Occupational Therapist
AR	Medicaid	R6259 - Other 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	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	R109 - Unspecified abdominal pain	91065 - Breath hydrogen test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)	Approved	Gastroenterology
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved	Early Int. Day Tmt (EIDT)
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	F32A - Depression, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	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
AR	Medicaid	R6252 - Short stature (child)	81479 - Unlisted molecular pathology procedure	Approved	Hospital/Acute Care
AR	Medicaid	G6182 - Multifocal motor neuropathy	E0779 - Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Approved	Home Infusion
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F952 - Tourette's 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	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
AR	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
AR	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
AR	Medicaid	F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F941 - Reactive attachment disorder of childhood	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
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	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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved	Occupational Therapist
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	Occupational Therapist
AR	Medicaid	Q909 - Down syndrome, unspecified	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	H35103 - Retinopathy of prematurity, unspecified, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	H35103 - Retinopathy of prematurity, unspecified, bilateral	67228 - Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation	Approved	Hospital/Acute Care
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Licensed Social Worker
AR	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
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Licensed Social Worker
AR	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
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90837 - Psychotherapy, 60 minutes with patient	Approved	Masters Level Clinicians
AR	Medicaid	F418 - Other specified anxiety disorders	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	Masters Level Clinicians
AR	Medicaid	K5900 - Constipation, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	K5900 - Constipation, unspecified	43239 - Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	Approved	Hospital/Acute Care
AR	Medicaid	K5900 - Constipation, unspecified	45380 - Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	Approved	Hospital/Acute Care
AR	Medicaid	K5900 - Constipation, unspecified	44500 - Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)	Approved	Hospital/Acute Care
AR	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
AR	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
AR	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
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved	Durable Medical Equipment
AR	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
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	Physical Medicine & Rehab
AR	Medicaid	R634 - Abnormal weight loss	B9998 - NOC for enteral supplies	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E1161 - Manual adult size wheelchair, includes tilt in space	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0951 - Heel loop/holder, any type, with or without ankle strap, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0952 - Toe loop/holder, any type, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment

AR	Medicaid	P90 - Convulsions of newborn	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	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 (removable), any type, any size, each	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	K0040 - Adjustable angle footplate, each	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	E2622 - Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	Approved		Durable Medical 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 mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	P90 - Convulsions of newborn	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 mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
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, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	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	B009 - 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 examination and moderate le	Approved		Family Practice
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	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 bones of right upper limb	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	C4001 - Malignant neoplasm of scapula and long bones of right upper limb	37241 - 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	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	R6250 - Unspecified lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	Medicaid	F419 - Anxiety disorder, unspecified	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		Mental Health
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth 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 target zone(s); abnormal nat	Approved		Hospital/Acute Care
AR	Medicaid	Q2116 - Sinus venosus atrial septal defect, unspecified	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	Approved		Hospital/Acute Care
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] 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] status	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
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	G40901 - Epilepsy, unspecified, not intractable, with status epilepticus	T4523 - Adult sized disposable incontinence product, brief/diaper, large, each	Approved		Durable Medical Equipment
AR	Medicaid	G40901 - Epilepsy, unspecified, not intractable, with status epilepticus	T4535 - Disposable liner/shield/guard/pad/undergarment, for incontinence, 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 claviclectomy 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	29828 - Arthroscopy, shoulder, surgical; biceps tenodesis	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, when performed (List separatel	Approved		Hospital/Acute Care
AR	Medicaid	R32 - Unspecified urinary incontinence	T4526 - Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Denied	Medical Necessity Not Establish	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		Licensed Behavioral Analyst
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

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		Licensed Behavioral Analyst
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	PTOT - PTOT	Approved		Licensed Behavioral Analyst
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G931 - Anoxic brain damage, 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	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	D571 - Sickle-cell disease without crisis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	D571 - Sickle-cell disease without crisis	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 disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	Approved		Personal Care
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	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	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	M797 - Fibromyalgia	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	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 Supplier
AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	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 Supplier
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Outpt Behav Hlth Agency
AR	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		Outpt Behav Hlth Agency
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	M9903 - Segmental and somatic dysfunction of lumbar region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	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 Hlth Agency
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	PTOT - PTOT	Approved		Adult Dev Day Tmt (ADDT)
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		Adult Dev Day Tmt (ADDT)
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		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	Z0000 - Encounter for general adult medical examination without abnormal findings	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	S93131A - Subluxation of interphalangeal joint of right great toe, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	S93131A - Subluxation of interphalangeal joint of 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	90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	S92254A - Nondisplaced fracture of navicular [scaphoid] of right foot, initial encounter for closed fracture	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	G931 - Anoxic brain damage, 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	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	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
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
AR	Medicaid	F79 - Unspecified intellectual disabilities	E2311 - Power wheelchair accessory, electronic connection between wheelchair controller and 2 or more power seating system motors, including all related electronics, indicator feature	Approved		Durable Medical Equipment

AR	Medicaid	F79 - Unspecified intellectual disabilities	E1228 - Special back height for wheelchair	Approved		Durable Medical Equipment
AR	Medicaid	F79 - 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	E0956 - Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified 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 power elevating leg rest/platform, complete system, any type, each	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E0953 - Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Approved		Durable Medical Equipment
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 mounting hardware for headrest, cushioned, any type	Approved		Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	E1032 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Approved		Durable Medical Equipment
AR	Medicaid	K011 - Impacted teeth	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	K011 - Impacted teeth	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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 resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may	Approved		Hospital/Acute Care
AR	Medicaid	G40 - Epilepsy and recurrent seizures	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	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 Hlth Agency
AR	Medicaid	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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		Ventilator Equipment
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 treatment (code may	Approved		Personal Care
AR	Medicaid	R627 - Adult failure to thrive	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	R627 - Adult failure to thrive	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	E1043 - Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	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	Z9911 - Dependence on respirator [ventilator] status	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Ventilator Equipment
AR	Medicaid	Z9911 - Dependence on respirator [ventilator] status	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Denied	Medical Necessity Not Establish	Ventilator 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	G800 - Spastic quadriplegic cerebral palsy	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 Supplier
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
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		Durable Medical Equipment Supplier
AR	Medicaid	F840 - Autistic disorder	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	Q9351 - Angelman syndrome	E2510 - Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Approved		Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E2599 - Accessory for speech generating device, not otherwise classified	Approved		Durable Medical Equipment
AR	Medicaid	I730 - Raynaud'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	Approved		Personal Care
AR	Medicaid	R41844 - Frontal lobe and executive function deficit	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	R41844 - Frontal lobe and executive function deficit	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	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	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	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	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
AR	Medicaid	R4689 - Other symptoms and signs involving appearance and behavior	PTOT - PTOT	Approved		Physical Therapy Assistant
AR	Medicaid	R4689 - Other symptoms and signs involving appearance and behavior	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	F801 - Expressive language 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	F331 - Major depressive disorder, recurrent, moderate	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Denied	Medical Necessity Not Establish	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
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	M25531 - Pain in right wrist	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	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 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	N814 - Uterovaginal prolapse, unspecified	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	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
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hlth Agency
AR	Medicaid	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	S525715 - Other intraarticular fracture of lower end of right radius, sequela	PTOT - PTOT	Approved		Hospital/Acute Care
AR	Medicaid	S525715 - Other intraarticular fracture of lower end of right radius, sequela	97166 - OT EVAL MOD COMPLEX 45 MIN	Approved		Hospital/Acute Care
AR	Medicaid	S525715 - Other intraarticular fracture of lower end of right radius, sequela	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	F88 - Other disorders of psychological development	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
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	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		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	L89151 - Pressure ulcer of sacral region, stage 1	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	PTOT - PTOT	Approved		Occupational Therapy Assistant
AR	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 Therapy Assistant
AR	Medicaid	F6381 - Intermittent explosive disorder	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 Hlth Agency
AR	Medicaid	G809 - Cerebral palsy, unspecified	PTOT - PTOT	Approved		W-Out of Home Respite
AR	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		W-Out of Home Respite
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	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	S6291XD - Unspecified fracture of right wrist and hand, subsequent encounter for fracture with routine healing	L3908 - Wrist-hand orthotic (WHO), wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment	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		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	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	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	H7293 - Unspecified perforation of tympanic membrane, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	H7293 - Unspecified perforation of tympanic membrane, bilateral	21235 - Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	Approved		Hospital/Acute Care
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	E2601 - General use wheelchair seat cushion, width less than 22 in, any depth	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, including any type mounting hardware	Approved		Durable Medical Equipment
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	90837 - Psychotherapy, 60 minutes with patient	Approved		Lic Pro Clinical Cnslr LPCC
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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 components and accessories	Approved		Durable Medical Equipment
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	Medicaid	Q999 - Chromosomal abnormality, unspecified	E0971 - Manual wheelchair accessory, antitipping device, each	Approved		Durable Medical Equipment
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved		Durable Medical Equipment
AR	Medicaid	Q999 - Chromosomal abnormality, unspecified	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching 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 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		Masters Level Clinicians
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	90837 - Psychotherapy, 60 minutes with patient	Approved		Lic Pro Clinical Cnslr LPCC
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	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	Approved		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 treatment (code may	Approved		Personal Care
AR	Medicaid	S5292XP - Unspecified fracture of left forearm, subsequent encounter for closed fracture with malunion	28306 - Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal	Approved		Hospital/Acute Care
AR	Medicaid	S5292XP - Unspecified fracture of left forearm, subsequent encounter for closed fracture with malunion	28310 - Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	Approved		Hospital/Acute Care
AR	Medicaid	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	M25S61 - 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 Hospital/Acute Care
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	Approved	Therapy PT, OT, SLP
AR	Medicaid	F840 - Autistic disorder	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Therapy PT, OT, SLP
AR	Medicaid	F4320 - Adjustment 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	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	Approved	Therapy PT, OT, SLP
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F88 - Other disorders of psychological development	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	Medicaid	K011 - Impacted teeth	41899 - Unlisted procedure, dentoalveolar structures	Approved	Hospital/Acute Care
AR	Medicaid	K011 - Impacted teeth	00170 - Anesthesia for intraoral procedures, including biopsy; not otherwise specified	Approved	Hospital/Acute Care
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	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	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	Z0000 - 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 examination and moderate le	Approved	EPSDT-Early Per Scr,Diag,Treat
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	M2012 - Hallux valgus (acquired), left foot	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	M2012 - Hallux valgus (acquired), left foot	28750 - Arthrodesis, great toe; metatarsophalangeal joint	Approved	Hospital/Acute Care
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] 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 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	G809 - Cerebral palsy, unspecified	B9002 - Enteral nutrition infusion pump - with alarm	Approved		Durable Medical Equipment
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		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 plan of treatment (code may	Approved		Personal Care
AR	Medicaid	S83001A - Unspecified subluxation of right patella, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid	S83001A - Unspecified subluxation of right patella, initial encounter	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 Hlth 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	Approved		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	Medicaid	R1311 - Dysphagia, oral phase	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	R1311 - Dysphagia, oral phase	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	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	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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	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 function	97530 - 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	G7101 - Duchenne or Becker muscular dystrophy	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 Supplier
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment Supplier
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Approved		Therapy PT, OT, SLP
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	Approved		Therapy PT, OT, SLP
AR	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Denied	Medical Necessity Not Establish	Therapy PT, OT, SLP
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	Therapy PT, OT, SLP
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	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	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)	Approved		Hospital/Acute Care
AR	Medicaid	R252 - Cramp and spasm	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	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)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
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	Hospital/Acute Care
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
AR	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
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	H547 - Unspecified visual loss	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	F918 - Other conduct disorders	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth Agency

AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved	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	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	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	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth 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	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 sense, posture, and/or proprioception for si	Approved	Hospital/Acute Care
AR	Medicaid	F418 - Other specified anxiety disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth 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	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
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	G809 - Cerebral palsy, unspecified	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	F339 - Major depressive disorder, recurrent, 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	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 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	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, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
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
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 through	Approved		Home Infusion
AR	Medicaid	P0733 - Preterm newborn, gestational age 30 completed weeks	B4035 - Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	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 Hlth 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	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)	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 Hlth Agency
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	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 Hlth Agency
AR	Medicaid	F310 - Bipolar disorder, current episode hypomanic	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	S92355A - Nondisplaced fracture of fifth metatarsal bone, left foot, initial encounter for closed fracture	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 - Spondylitis without myelopathy or radiculopathy, lumbar region	PAIN - PAIN - Facet Joint Injections	Approved		Anesthesiology
AR	Medicaid	M47816 - Spondylitis 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 joint (List separately	Approved		Anesthesiology
AR	Medicaid	M47816 - Spondylitis 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

AR	Medicaid	G919 - Hydrocephalus, unspecified	E1033 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Approved		Durable Medical Equipment
AR	Medicaid	G919 - Hydrocephalus, unspecified	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	F419 - Anxiety 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)	Denied	Medical Necessity Not Establish	Laboratory
AR	Medicaid	I639 - Cerebral infarction, 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	Z931 - Gastrostomy status	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through	Approved		Home Infusion
AR	Medicaid	F82 - Specific developmental disorder of motor function	E1236 - Wheelchair, pediatric size, folding, adjustable, with seating system	Approved		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved		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 function	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved		Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	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	Z0000 - Encounter for general adult medical examination without abnormal findings	E0443 - Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0570 - Nebulizer, with compressor	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	R159 - Full incontinence of feces	T4532 - Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	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		Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	Q992 - Fragile X chromosome	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	Z734 - Inadequate social skills, not elsewhere classified	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Z734 - Inadequate social skills, 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	Z7409 - Other reduced mobility	E2619 - Replacement cover for wheelchair seat cushion or back cushion, each	Approved		Durable Medical Equipment
AR	Medicaid	Z7409 - Other reduced mobility	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	G1229 - Other motor neuron disease	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
AR	Medicaid	Q870 - Congenital malformation syndromes predominantly affecting facial appearance	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	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	J44 - Other chronic obstructive pulmonary disease	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	M21869 - Other specified acquired deformities of unspecified lower leg	Z7001 - Tenotomy, adductor of hip, open	Approved		Hospital/Acute Care
AR	Medicaid	F842 - Rett's syndrome	Z7001 - Tenotomy, adductor of hip, open	Approved		Hospital/Acute Care
AR	Medicaid	F842 - Rett's syndrome	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	M21869 - Other specified acquired deformities of unspecified lower leg	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	F842 - Rett's syndrome	Z0670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Approved		Hospital/Acute Care
AR	Medicaid	M21869 - Other specified acquired deformities of unspecified lower leg	Z0670 - Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	Approved		Hospital/Acute Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	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	F332 - Major depressive disorder, recurrent severe without psychotic features	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	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	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	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 to feeding/flushing syringe, administration set tubing, dressings, tape	Approved		Home Infusion
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment

AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	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	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	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
AR	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
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	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	Denied	Medical Necessity Not Establish	Personal Care
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	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
AR	Medicaid	G809 - Cerebral palsy, unspecified	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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 physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	C021 - Malignant neoplasm of border of tongue	PTOT - PTOT	Approved		Internal Medicine
AR	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	Approved		Internal Medicine
AR	Medicaid	C021 - 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
AR	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
AR	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
AR	Medicaid	C021 - 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
AR	Medicaid	Z931 - Gastrostomy status	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F419 - Anxiety disorder, unspecified	90846 - Family psychotherapy (without the patient present), 50 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		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	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	R269 - Unspecified abnormalities of gait and mobility	E1150 - Wheelchair, detachable arms, desk or full-length swing-away detachable elevating legrests	Approved		W-Home Medical Equipment
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	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	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	S83512A - Sprain of anterior cruciate ligament of left knee, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	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
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	Q939 - Deletion from autosomes, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	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	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		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
AR	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
AR	Medicaid	J45909 - Unspecified asthma, uncomplicated	E0600 - Respiratory suction pump, home model, portable or stationary, 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
AR	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	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	F439 - Reaction to severe stress, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Psych Res Treatment Facility
AR	Medicaid	F88 - Other disorders of psychological development	PTOT - PTOT	Approved		Occupational Therapist
AR	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
AR	Medicaid	R0683 - Snoring	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	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	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1399 - Durable medical equipment, miscellaneous	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 minutes	Approved		Durable Medical Equipment
AR	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
AR	Medicaid	T8789 - Other complications of amputation stump	G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
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	G809 - Cerebral palsy, unspecified	E1399 - Durable medical equipment, miscellaneous	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 minutes	Approved		Durable Medical Equipment
AR	Medicaid	F941 - Reactive attachment disorder of childhood	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Psych Res Treatment Facility
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	T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	T85698A - Other mechanical complication of other specified internal prosthetic devices, implants and grafts, initial encounter	69610 - Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch	Approved		Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		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	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	64643 - Chemodeneration 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	G801 - Spastic diplegic cerebral palsy	64645 - Chemodeneration 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		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	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	H9213 - Otorrhea, bilateral	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	P942 - Congenital hypotonia	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	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	F251 - Schizoaffective disorder, depressive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	Z87820 - Personal history of traumatic brain injury	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 hydrocephalus	E0168 - Commode chair, extra wide and/or heavy-duty, stationary or mobile, with or without arms, any type, each	Approved		Durable Medical Equipment
AR	Medicaid	Q0702 - Arnold-Chiari syndrome with hydrocephalus	E1399 - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	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 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	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
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	M5450 - Low back pain, 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	R0689 - Other abnormalities of breathing	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	R0689 - Other abnormalities of breathing	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	R0689 - Other abnormalities of breathing	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	F339 - Major depressive disorder, recurrent, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	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 plan of treatment (code may	Approved		Personal Care
AR	Medicaid	D6852 - Prothrombin gene mutation	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	R279 - Unspecified lack of coordination	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	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
AR	Medicaid	R48 - Dyslexia and other symbolic dysfunctions, 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	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	F4310 - Post-traumatic stress disorder, unspecified	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	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	Q909 - Down syndrome, unspecified	L3000 - Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	Approved		Supplier Prosthetic/Orthotic
AR	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
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 Hlth 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
AR	Medicaid	F439 - Reaction to severe stress, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
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	F902 - Attention-deficit hyperactivity disorder, combined type	90791 - Psychiatric diagnostic evaluation	Approved	Masters Level Clinicians
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E1399 - Durable medical equipment, miscellaneous	Denied	Medical Necessity Not Establish 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 Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Licensed Social Worker
AR	Medicaid	Q969 - Turner's syndrome, unspecified	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	Q969 - Turner's 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	Physical Therapy & Rehab
AR	Medicaid	F919 - Conduct disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F430 - Acute stress reaction	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	Masters Level Clinicians
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	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	F802 - Specific developmental disorder of motor function	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	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
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 Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	E1238 - Wheelchair, pediatric size, folding, adjustable, without seating system	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0990 - Wheelchair accessory, elevating legrest, complete assembly, each	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E2291 - Back, planar, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E2292 - Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0973 - Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0978 - Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Hospital/Acute Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved	Hospital/Acute Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	30130 - Excision inferior turbinate, partial or complete, any method	Approved	Hospital/Acute Care
AR	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Approved	Occupational Therapist
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	Approved	Occupational Therapist
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	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	G90 - Disorders of autonomic nervous system	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	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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Registered Non-Credentialed
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	F918 - Other conduct disorders	OV - OV Individual and Family Therapy	Approved	Mental Health
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	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	R620 - Delayed milestone in childhood	PTOT - PTOT	Approved	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone 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	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Masters Level Clinicians
AR	Medicaid	R112 - Nausea with vomiting, unspecified	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved	Family Practice
AR	Medicaid	R112 - Nausea with vomiting, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Family Practice

AR	Medicaid	R112 - Nausea with vomiting, unspecified	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	R112 - Nausea with vomiting, unspecified	36415 - Collection of venous blood by venipuncture	Approved		Family Practice
AR	Medicaid	R112 - Nausea with vomiting, unspecified	80053 - Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chlor	Approved		Family Practice
AR	Medicaid	R112 - Nausea with vomiting, unspecified	85025 - Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	Approved		Family Practice
AR	Medicaid	G7100 - Muscular dystrophy, 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	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	Q315 - Congenital laryngomalacia	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	Q7649 - Other congenital malformations of spine, not associated with scoliosis	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	M9902 - Segmental and somatic dysfunction of thoracic region	98941 - Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	Approved		Chiropractor
AR	Medicaid	M9902 - Segmental and somatic dysfunction of thoracic region	CHRO - CHRO - Chiropractic Services Non Par Provider	Approved		Chiropractor
AR	Medicaid	G7100 - Muscular dystrophy, 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	F330 - Major depressive disorder, recurrent, mild	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	Q315 - Congenital laryngomalacia	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	E73 - Lactose intolerance	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	Z930 - Tracheostomy 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	Z930 - Tracheostomy status	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	Z930 - Tracheostomy 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 used)	Approved		Nurse
AR	Medicaid	F3341 - Major depressive disorder, recurrent, in partial remission	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	Q909 - Down syndrome, unspecified	E1022 - Wheelchair transportation securement system, any type, includes all components and accessories	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Family Practice
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Family Practice
AR	Medicaid	Z0000 - 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 examination and moderate le	Approved		Family Practice
AR	Medicaid	M2022 - Hallux rigidus, left foot	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	M2022 - Hallux rigidus, left foot	28291 - Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Approved		Hospital/Acute Care
AR	Medicaid	R1310 - Dysphagia, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy 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	Z930 - Tracheostomy status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
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	Z930 - Tracheostomy status	E0565 - Compressor, air power source for equipment which is not self-contained or cylinder driven	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	E0560 - Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	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		Licensed Behavioral Analyst
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST - ST - Speech Therapy, Outpatient	Approved		Licensed Behavioral Analyst
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	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	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	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	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)	Denied	Medical Necessity Not Establish	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)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
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	PTOT - PTOT	Approved		Physical Therapy & Rehab
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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
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; older than 28 days of age	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	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 physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved		Physical Therapy & Rehab
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	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	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 Hlth Agency
AR	Medicaid	R1310 - Dysphagia, unspecified	84161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through	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 exercises to develop strength and endurance, range of motion and flexibility	Approved		Physical Therapy & Rehab
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	Approved		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 dynamic activities to improve functional performance), each 15 minutes	Approved		Occupational Therapy Assistant
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] status	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	Z9911 - 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 used)	Approved		Nurse
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	F321 - Major depressive disorder, single episode, moderate	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth Agency
AR	Medicaid	N471 - Phimosis	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	N471 - Phimosis	54161 - Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	Denied	Medical Necessity Not Establish	Hospital/Acute Care
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 treatment (code may	Approved		Personal Care
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	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	Personal Care
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth 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	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	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 Hlth Agency
AR	Medicaid	F4320 - Adjustment disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency

AR	Medicaid	F919 - Conduct disorder, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		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	Medicaid	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
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	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	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	Personal Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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 either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	Approved		Gastroenterology
AR	Medicaid	Q031 - Atresia of foramina of Magendie and Luschka	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 Supplier
AR	Medicaid	I509 - Heart failure, 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	Q204 - Double inlet ventricle	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Q204 - Double inlet ventricle	93463 - Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic mea	Approved		Hospital/Acute Care
AR	Medicaid	Q204 - Double inlet ventricle	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	Approved		Hospital/Acute Care
AR	Medicaid	Q204 - Double inlet ventricle	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	Approved		Hospital/Acute Care
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		Hospital/Acute Care
AR	Medicaid	Q02 - Microcephaly	E1232 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E1022 - Wheelchair transportation securement system, any type, includes all components and accessories	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E2294 - Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	K0108 - Wheelchair component or accessory, not otherwise specified	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E2291 - Back, planar, for pediatric size wheelchair including fixed attaching hardware	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E1033 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E1034 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved		Durable Medical Equipment
AR	Medicaid	Q02 - Microcephaly	K0040 - Adjustable angle footplate, each	Approved		Durable Medical Equipment
AR	Medicaid	H7293 - Unspecified perforation of tympanic membrane, bilateral	69643 - Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstructi	Approved		Hospital/Acute Care
AR	Medicaid	H7293 - Unspecified perforation of tympanic membrane, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/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	Personal Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/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 of an arrhythmia with right atri	Approved		Hospital/Acute Care
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 induction of arrhythmia; with rig	Approved		Hospital/Acute Care
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	P0703 - Extremely low birth weight newborn, 750-999 grams	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	P0703 - Extremely low birth weight newborn, 750-999 grams	B4161 - 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	P0703 - Extremely low birth weight newborn, 750-999 grams	B9998 - NOC for enteral supplies	Approved		Durable 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		Ventilator Equipment
AR	Medicaid	G40311 - Generalized idiopathic epilepsy and epileptic syndromes, intractable, with 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	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 plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	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	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	Q039 - Congenital hydrocephalus, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	V2624 - Polishing/resurfacing of ocular prosthesis	Approved		Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	V2626 - Reduction of ocular prosthesis	Approved		Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	V2625 - Enlargement of ocular prosthesis	Approved		Hospital/Acute Care
AR	Medicaid	R339 - Retention of urine, unspecified	A4352 - Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Approved		Durable Medical Equipment
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, carbohydrates, vitamins and m	Approved		Home Infusion
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] status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
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] status	E0560 - Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Denied	Medical Necessity Not Establish	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	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	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 physiological development in childhood	PTOT - PTOT	Approved		Occupational Therapist
AR	Medicaid	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 dynamic activities to improve functional performance), each 15 minutes	Denied	Medical Necessity Not Establish	Occupational Therapist
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 Hlth Agency
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 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, 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	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 percent or greater oxygen concentration at the prescribed flow rate	Approved		Durable Medical Equipment
AR	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	Approved		Durable Medical Equipment
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, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	E0465UB - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved		Durable Medical Equipment
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 plan of treatment (code may	Approved		Personal Care
AR	Medicaid	G9340 - Encephalopathy, unspecified	81479 - Unlisted molecular pathology procedure	Approved		Hospital/Acute Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	Z789 - Other specified health status	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Z789 - Other specified health status	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		Hospital/Acute Care
AR	Medicaid	F4389 - Other reactions to severe stress	OV - OV Individual and Family Therapy	Approved		Outpt Behav Hlth Agency
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	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, unspecified type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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	Medicaid	M5412 - Radiculopathy, cervical region	CHRO - CHRO - Chiropractic Services Non Par Provider	Approved		Chiropractor
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	F329 - Major depressive disorder, single episode, 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	K909 - Intestinal malabsorption, 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	G44209 - Tension-type headache, unspecified, not intractable	98942 - Chiropractic manipulative treatment (CMT); spinal, 5 regions	Denied	Medical Necessity Not Establish	Hospital/Acute Care
AR	Medicaid	G44209 - Tension-type headache, unspecified, not intractable	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
AR	Medicaid	G44209 - Tension-type headache, unspecified, not intractable	97035 - Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Denied	Medical Necessity Not Establish	Hospital/Acute Care
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	F3132 - Bipolar disorder, current episode depressed, moderate	OV - OV Individual and Family Therapy	Approved		Licensed Psychology Practition
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	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 Hlth 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 gangrene	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	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
AR	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
AR	Medicaid	N950 - Postmenopausal bleeding	58558 - Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C	Approved		Hospital/Acute Care
AR	Medicaid	N950 - Postmenopausal bleeding	58661 - Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	Approved		Hospital/Acute Care
AR	Medicaid	N950 - Postmenopausal bleeding	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	C189 - Malignant neoplasm of colon, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	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
AR	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 Hlth Agency
AR	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2015U4 - Comprehensive community support services, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2019U4 - Therapeutic behavioral services, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4389 - Other reactions to severe stress	H2019U4 - Therapeutic behavioral services, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4389 - Other reactions to severe stress	H2014U4 - Skills training and development, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2014U4 - Skills training and development, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4389 - Other reactions to severe stress	H2011U4 - Crisis intervention service, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F90 - Attention-deficit hyperactivity disorders	H2011U4 - Crisis intervention service, per 15 minutes	Approved		Outpt Behav Hlth Agency
AR	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	Approved		Personal Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	F319 - Bipolar disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F419 - Anxiety disorder, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Denied	Medical Necessity Not Establish	Speech Language Pathologist
AR	Medicaid	F419 - Anxiety disorder, unspecified	ST - ST - Speech Therapy, Outpatient	Denied	Medical Necessity Not Establish	Speech Language Pathologist
AR	Medicaid	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0739EP - 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	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 exercises to develop strength and endurance, range of motion and flexibility	Approved	Hospital/Acute Care
AR	Medicaid	M25512 - Pain in left 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	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 dynamic activities to improve functional performance), each 15 minutes	Approved	Physical Therapy & Rehab
AR	Medicaid	R102 - Pelvic and perineal pain	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	G809 - Cerebral palsy, unspecified	T4544 - Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4535 - Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Approved	Durable Medical Equipment
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 language, unspecified	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
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 an established patient, which requires a medically appropriate history and/or examination and low level o	Approved	Dermatology
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1234 - Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2231 - Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2213 - Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Approved	Durable Medical Equipment
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 assembly, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0950 - Wheelchair accessory, tray, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0971 - Manual wheelchair accessory, antitipping device, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2293 - Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0955 - Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2624 - Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	Approved	Durable Medical Equipment
AR	Medicaid	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	G800 - Spastic quadriplegic cerebral palsy	E0960 - Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1028 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware, other	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1023 - Wheelchair transit securement system, includes all components and accessories	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1034 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1033 - Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Approved	Durable Medical Equipment
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92523 - Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive an	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	STO - STO - Speech Therapy, Outpatient Non Par Provider	Approved	Physical Therapy & Rehab
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	G249 - Dystonia, unspecified	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
AR	Medicaid	Q929 - Trisomy and partial trisomy of autosomes, 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	Approved	Licensed Behavioral Analyst
AR	Medicaid	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 treatment (code may	Approved	Personal Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved	Ambulatory Surgical Center
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	66984 - Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Approved	Ambulatory Surgical Center
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	F79 - Unspecified intellectual disabilities	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved	Personal Care
AR	Medicaid	R6259 - Other 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	R6259 - Other lack of expected normal physiological development in childhood	ST - ST - Speech Therapy, Outpatient	Approved	Speech Language Pathologist
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 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	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved	Nurse

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	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	G809 - Cerebral palsy, unspecified	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through	Approved		Home Infusion
AR	Medicaid	Z931 - Gastrostomy status	B9002 - Enteral nutrition infusion pump - with alarm	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	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	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	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	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	G0152 - Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Approved		Home Health Agency
AR	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
AR	Medicaid	R32 - Unspecified urinary incontinence	A4554 - Disposable underpads, all sizes	Approved		Durable Medical Equipment
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	F802 - Mixed receptive-expressive language disorder	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)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	F72 - Severe 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	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	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	Insufficient Clinical Information	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	Insufficient Clinical Information	Licensed Behavioral Analyst
AR	Medicaid	M6281 - Muscle weakness (generalized)	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	Z7409 - Other reduced mobility	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	M6281 - Muscle weakness (generalized)	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	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	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Therapy PT, OT, SLP
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		Therapy PT, OT, SLP
AR	Medicaid	F82 - Specific developmental disorder of motor function	PTOT - PTOT	Approved		Therapy PT, OT, SLP
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		Therapy PT, OT, SLP
AR	Medicaid	F4322 - Adjustment disorder with anxiety	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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 used)	Approved		Nurse
AR	Medicaid	Q0703 - Arnold-Chiari syndrome with spina bifida and hydrocephalus	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
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	Nurse
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	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	S9124 - Nursing care, in the home; by licensed practical nurse, per hour	Approved		Nurse
AR	Medicaid	R0689 - Other abnormalities of breathing	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment Supplier
AR	Medicaid	P929 - Feeding problem of newborn, unspecified	B4161 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through	Approved		Durable Medical Equipment
AR	Medicaid	P929 - Feeding problem of newborn, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	P929 - Feeding problem of newborn, unspecified	B9998 - NOC for enteral supplies	Approved		Durable Medical Equipment
AR	Medicaid	F918 - Other conduct disorders	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	R6259 - Other lack of expected normal physiological development in childhood	PTOT - PTOT	Approved		Physical Therapy & Rehab
AR	Medicaid	R6259 - Other 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		Physical Therapy & Rehab

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	Medicaid	J3502 - Chronic adenoiditis	42820 - Tonsillectomy and adenoidectomy; younger than age 12	Approved		Hospital/Acute Care
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	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 Hlth 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	Medicaid	F3289 - Other specified depressive episode	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	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	41899 - Unlisted procedure, dentoalveolar structures	Approved		Hospital/Acute Care
AR	Medicaid	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	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0562 - Humidifier, heated, used with positive airway pressure device	Approved		Durable Medical Equipment
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	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	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	Hospital/Acute Care
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	Hospital/Acute Care
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	Approved		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	Approved		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
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Denied	Medical Necessity Not Establish	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)	Denied	Medical Necessity Not Establish	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)	Denied	Medical Necessity Not Establish	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	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
AR	Medicaid	M623 - Immobility syndrome (paraplegic)	K0108 - Wheelchair component or accessory, not otherwise specified	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		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	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	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved		Occupational Therapist
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		Occupational Therapist
AR	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
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Denied	Medical Necessity Not Establish	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S1002 - Customized item (list in addition to code for basic item)	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	Z79899 - Other long term (current) drug therapy	80361 - Opiates, 1 or more	Approved		Hospital/Acute Care
AR	Medicaid	J0190 - Acute sinusitis, unspecified	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	J0190 - Acute sinusitis, unspecified	42870 - Excision or destruction lingual tonsil, any method (separate procedure)	Approved		Hospital/Acute 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	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	29827 - Arthroscopy, shoulder, surgical; with rotator cuff repair	Approved		Hospital/Acute Care
AR	Medicaid	M75101 - Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic	23430 - Tenodesis of long tendon of biceps	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	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	Medicaid	Q909 - Down syndrome, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Therapy PT, OT, SLP
AR	Medicaid	Q909 - Down syndrome, unspecified	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Therapy PT, OT, SLP
AR	Medicaid	Q909 - Down syndrome, unspecified	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 Hlth 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	Approved		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	Approved		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 sense, posture, and/or proprioception for si	Approved		Hospital/Acute Care
AR	Medicaid	M7501 - Adhesive capsulitis of right shoulder	97164 - Pt re-eval est plan care	Approved		Hospital/Acute Care
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral	69436 - Tympanostomy (requiring insertion of ventilating tube), general anesthesia	Approved		Ambulatory Surgical Center
AR	Medicaid	H6983 - Other specified disorders of Eustachian tube, bilateral	42830 - Adenoidectomy, primary; younger than age 12	Approved		Ambulatory Surgical Center
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Early Int. Day Tmt (EIDT)
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	G809 - Cerebral palsy, unspecified	E1399NU - Durable medical equipment, miscellaneous	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Ambulatory Surgical Center
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42821 - Tonsillectomy and adenoidectomy; age 12 or over	Approved		Ambulatory Surgical Center
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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 Hlth Agency
AR	Medicaid	J984 - Other disorders of lung	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
AR	Medicaid	G40812 - Lennox-Gastaut syndrome, not intractable, without status epilepticus	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		Ventilator Equipment
AR	Medicaid	Q909 - Down syndrome, unspecified	PTOT - PTOT	Approved		Physical Therapy & Rehab
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		Physical Therapy & Rehab
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
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	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601 - Continuous airway pressure (CPAP) device	Approved		Durable Medical Equipment
AR	Medicaid	G808 - Other cerebral palsy	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved		Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	T1015 - Clinic visit/encounter, all-inclusive	Denied	Administrative Denial	Adult Dev Day Tmt (ADDT)

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	F4310 - Post-traumatic stress disorder, unspecified	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		Mental Health
AR	Medicaid	F840 - Autistic disorder	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Speech Language Pathologist
AR	Medicaid	F840 - Autistic disorder	ST - ST - Speech Therapy, Outpatient	Approved		Speech Language Pathologist
AR	Medicaid	G40901 - Epilepsy, unspecified, not intractable, with 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	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	Medicaid	P942 - Congenital hypotonia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	P942 - Congenital hypotonia	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		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
AR	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	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	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
AR	Medicaid	F919 - Conduct disorder, unspecified	90791 - Psychiatric diagnostic evaluation	Approved		Outpt Behav Hlth 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	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	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	Medicaid	F840 - Autistic disorder	PTOT - PTOT	Approved		Occupational Therapist
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	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	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	I455 - Other specified heart block	K0108 - Wheelchair component or accessory, not otherwise specified	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	Denied	Medical Necessity Not Establish	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	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 through	Approved		Home Infusion
AR	Medicaid	F328 - Other depressive episodes	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	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	Q6689 - Other specified congenital deformities of feet	28116 - Osteotomy, 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 Hlth 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 Hlth Agency
AR	Medicaid	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	Approved		Durable Medical Equipment
AR	Medicaid	J9601 - Acute respiratory failure with hypoxia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved		Durable Medical Equipment
AR	Medicaid	J9601 - Acute respiratory failure with hypoxia	E0445 - Oximeter device for measuring blood oxygen levels noninvasively	Approved		Durable Medical Equipment
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
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	Personal Care
AR	Medicaid	I872 - Venous insufficiency (chronic) (peripheral)	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	I872 - 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	I872 - 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	I872 - Venous insufficiency (chronic) (peripheral)	36471 - Injection of sclerosing solution; multiple veins, same leg	Approved		Diagnostic Radiology
AR	Medicaid	I872 - 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	Medicaid	H900 - Conductive hearing loss, bilateral	92567 - Tympanometry (impedance testing)	Approved		Audiology
AR	Medicaid	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		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	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	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)	Approved		Hospital/Acute Care
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, 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	Medicaid	F840 - Autistic disorder	T1019U3 - T1019U3 Personal Care Services, per 15 minutes	Approved		Personal Care
AR	Medicaid	P0732 - Preterm newborn, gestational age 29 completed weeks	PTOT - PTOT	Approved		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	Medicaid	F809 - Developmental disorder of speech and language, unspecified	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved		Therapy PT, OT, SLP
AR	Medicaid	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 may include simultaneous direction of tech	Approved		Licensed Behavioral Analyst
AR	Medicaid	G8191 - Hemiplegia, unspecified affecting right dominant side	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Hospital/Acute Care
AR	Medicaid	G8191 - Hemiplegia, unspecified affecting right dominant side	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	G8191 - Hemiplegia, unspecified affecting right dominant side	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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Denied	Medical Necessity Not Establish	Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90847 - Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F71 - Moderate 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	Denied	Medical Necessity Not Establish	Personal Care
AR	Medicaid	F419 - Anxiety disorder, unspecified	90837U4 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth 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	Denied	Medical Necessity Not Establish	Licensed Behavioral Analyst
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	90791 - Psychiatric diagnostic evaluation	Approved		Adv. Practice Reg. Nurse
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OFVS - OFVS - Ancillary Office Visit Services (999 units)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90837 - Psychotherapy, 60 minutes with patient	Approved		Outpt Behav Hlth Agency
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	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] 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] 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	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	E0600 - Respiratory suction pump, home model, portable or stationary, electric	Approved		Durable Medical Equipment
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	ST - ST - Speech Therapy, Outpatient	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	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	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, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Outpt Behav Hlth 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	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 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	F902 - Attention-deficit hyperactivity disorder, combined type	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Mental Health
AR	Medicaid	F913 - Oppositional defiant disorder	90791 - Psychiatric diagnostic evaluation	Approved		Masters Level Clinicians
AR	Medicaid	F913 - Oppositional defiant disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved		Masters Level Clinicians
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	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	Medicaid	G801 - Spastic diplegic cerebral palsy	E2512 - Accessory for speech generating device, mounting system	Approved		Durable Medical Equipment
AR	Medicaid	L600 - Ingrowing nail	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	Approved		Podiatry
AR	Medicaid	L600 - Ingrowing nail	11750 - Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal;	Approved		Podiatry
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 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	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	Durable Medical Equipment
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	Z0000 - Encounter for general adult medical examination without abnormal findings	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	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	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		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	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		Adult Dev Day Tmt (ADDT)
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		Adult Dev Day Tmt (ADDT)
AR	Medicaid	P351 - Congenital cytomegalovirus infection	HSPO - HSPO - Hospice Service, Outpatient	Approved		Hospice
AR	Medicaid	P351 - Congenital cytomegalovirus infection	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 - 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	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 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	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 examination without abnormal findings	92507UB - 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 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	Early Int. Day Tmt (EIDT)
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	F840 - Autistic disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
AR	Medicaid	R6332 - Pediatric feeding disorder, chronic	92507 - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	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	B4161U9 - Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through	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 through	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 examination without abnormal findings	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 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	F411 - Generalized anxiety disorder	OV - OV - Office Visit, Practitioner (Indicate number of visits authorized)	Approved	Mental Health
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 examination without abnormal findings	E0430NU - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E1390NU - 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	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 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 examination without abnormal findings	92507UB - 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 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	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	Z0000 - Encounter for general adult medical examination without abnormal findings	T1003U6 - LPN/LVN services, up to 15 minutes	Approved	Early Int. Day Tmt (EIDT)
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	Z930 - Tracheostomy status	E0465 - Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Approved	Durable Medical Equipment
AR	Medicaid	Z930 - Tracheostomy status	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	92507UB - Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	Approved	Speech Language Pathologist
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	Speech Language Pathologist
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9002 - Enteral nutrition infusion pump - with alarm	Approved	Durable Medical Equipment
AR	Medicaid	R0689 - Other abnormalities of breathing	E0482 - Cough stimulating device, alternating positive and negative airway pressure	Approved	Ventilator Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	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	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0430 - Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Approved	Durable Medical Equipment
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	G800 - Spastic quadriplegic cerebral palsy	OPAS - OPAS - Outpatient Ambulatory Services (999 units)	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
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

