



Medi-Cal Wrap Services Authorization List

Code	Procedure Description
A0130	Medical Transportation, Non-emergency transportation: wheelchair van (refer to NEMT code)
A0380	Medical Transportation, Basic Life Support (BLS) mileage (per mile)
A4335	Incontinence wash, if more than 2880 ml in an 81-day period
A6250	Incontinence cream/ointment, if more than 1620 gram/milliliter in an 81-day period
A9281	Reaching/Grabbing Device
E0144	Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat
E0350	Control Unit for Electronic Bowel Irrigation/Evacuation System
H2000	CBAS 3-day assessment
LTC 01	NF-B Regular
LTC 02	NF-B Bed Hold
LTC 21	NF-A Regular
LTC 41	ICF Developmental Disability Program
LTC 61	ICF/DD H 4-6 Beds
LTC 62	ICF/DD N 4-6 Beds
LTC 65	ICF/DD H 7-15 Beds
LTC 66	ICF/DD N 7-15 Beds
LTC 71	Adult - Subacute Ventilator Dependent, Regular
LTC 72	Adult - Subacute Non-ventilator Dependent, Regular
LTC 73	Adult - Subacute Ventilator Dependent, Bed Hold
LTC 74	Adult - Subacute Non-ventilator Dependent, Bed Hold
LTC 75	Adult - Subacute Free-standing Ventilator Dependent, Regular
LTC 76	Adult - Subacute Free-standing Non-Ventilator Dependent, Regular
LTC 77	Adult - Subacute Free-standing Ventilator Dependent, Bed Hold
LTC 78	Adult - Subacute Free-standing Non-Ventilator Dependent, Bed Hold
LTC 79	Adult - Subacute Ventilator Dependent, Leave of Absence
LTC 80	Adult - Subacute Non-ventilator Dependent, Leave of Absence
LTC 81	Adult - Subacute Free-standing Ventilator Dependent, Leave of Absence
LTC 82	Adult - Subacute Free-standing Non-Ventilator Dependent, Leave of Absence
LTC 83	Pediatric – Subacute Supplemental Rehabilitation Therapy Services
LTC 84	Pediatric – Subacute Ventilator Weaning Services
LTC 85	Pediatric – Subacute Ventilator Dependent, Regular
LTC 86	Pediatric – Subacute Non-Ventilator Dependent, Regular
LTC 87	Pediatric – Subacute Ventilator Dependent, Bed Hold
LTC 88	Pediatric – Subacute Non-Ventilator Dependent, Bed Hold
LTC 89	Pediatric – Subacute Ventilator Dependent, Leave of Absence
LTC 90	Pediatric – Subacute Non-Ventilator Dependent, Leave of Absence
LTC 91	Pediatric - Subacute Free-standing Ventilator Dependent, Regular
LTC 92	Pediatric - Subacute Free-standing Non-Ventilator Dependent, Regular
LTC 93	Pediatric - Subacute Free-standing Ventilator Dependent, Bed Hold

LTC 94	Pediatric - Subacute Free-standing Non-Ventilator Dependent, Bed Hold
LTC 95	Pediatric - Subacute Free-standing Ventilator Dependent, Leave of Absence
LTC 96	Pediatric - Subacute Free-standing Non-Ventilator Dependent, Leave of Absence
LTC 97	Pediatric – Free-standing Supplemental Rehabilitation Therapy Services
LTC 98	Pediatric – Free-standing Ventilator Weaning Services
NEMT	Non-Emergency Medical Transportation.
S5102	CBAS (Initial and Reauthorization) assessments
S8130	Interferential stimulator 2 channel
S8131	Interferential stimulator 4 channel
T4521	Adult sized disposable incontinence product, brief/diaper, small, each if more than (200 in a 27-day period)
T4522	Adult sized disposable incontinence product, brief/diaper, medium/regular, each if more than (192 in a 27-day period)
T4523	Adult sized disposable incontinence product, brief/diaper, large, each if more than (216 in a 27-day period)
T4524	Adult sized disposable incontinence product, brief/diaper, extra-large (XL) and double extra-large (XXL), each if more than (192 in a 27-day period)
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each if more than (120 in a 27-day period)
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each if more than (120 in a 27-day period)
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each if more than (120 in a 27-day period)
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra-large (XL) and double extra-large (XXL) size, each if more than (120 in a 27-day period)
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each if more than (200 in a 27-day period)
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each if more than (200 in a 27-day period)
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each if more than (200 in a 27-day period)
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each if more than (200 in a 27-day period)
T4533	Youth sized disposable incontinence product, brief/diaper, each if more than (200 in a 27-day period)
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each if more than (200 in a 27-day period)
T4535	Disposable liner, shield, guard, pad, or undergarment (belted or beltless), for incontinence, each if more than (180 in a 27-day period if only one product type billed. 300 in a 27-day period if two or more product types billed.)
T4536	Incontinence product, protective underwear/pull-on, reusable, small, medium, large, XL, XXL, each if more than (2 units per claim, one claim per calendar month and 12 claims in a 12-month period)

T4541	Incontinence product, disposable under pad, large, size (core mat area size equal to or greater than 676 square inches), each if more than (120 in a 27-day period)
T4542	Incontinence product, disposable under pad, small size (core mat area size less than 676 square inches), each if more than (120 in a 27-day period)
T4543	Adult sized disposable incontinence product, protective brief/diaper, triple extra-large (XXXL) or above, each if more than (200 in a 27-day period)
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, triple extra-large (XXXL) or above, each if more than (120 in a 27-day period)
V2531	Contact lens, scleral, gas permeable, per lens
V5010	Audiology, Assessment for hearing aid
V5014	Repair/Modification of A Hearing Aid
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
V5050	Hearing aid, monaural, in the ear
V5060	Hearing aid, monaural, behind the ear
V5070	Glasses, Air Conduction
V5080	Glasses, Bone Conduction
V5120	Binaural, Body
V5130	Binaural, In the ear
V5140	Binaural, Behind the ear
V5150	Binaural, Glasses
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)
V5190	Hearing Aid, Cros, Glasses
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE
V5230	Hearing Aid, Bicros, Glasses
V5264	Ear mold/insert, not disposable, any type
V5265	Ear mold/insert, disposable, any type
V5267	Hearing aid supplies/accessories not otherwise specified
V5298	Hearing aid not otherwise classified
X4500	Audiology, Audiological Evaluation
X4530	Audiology, Impedance Audiometry
X4535	Audiology, Unlisted Audiological Services