Prior Authorization Procedure Codes

Important Information for Members

Prior authorization is an approval for medical services given by your health network. These services include:

- specialty care
- inpatient/outpatient hospital care
- ancillary care
- home health care
- medical supplies
- durable medical equipment (DME)
- non-emergency medical transportation

If you would like to request a prior authorization, please contact your primary care provider (PCP) or specialist.

Important Information for Providers

- **Primary Care Physician services**, including Pediatrician, performed in the PCP office do not require prior authorization.
- **For CalOptima Community Network(CCN) All elective services at tertiary level of care centers require prior authorization.** Tertiary care is specialized care that is requested by a member's PCP or specialist physician. Approval will require that services can only be provided at a tertiary level of care. Requests must include a reason for that level of care.
- **Effective August 1 , 2016, CalOptima no longer requires prior authorization for UCI Medical Center specialty follow up visits, for CCN members, except extended visits (99215)**
- **Non-contracted providers:** All services provided to CCN members by non-contracted providers require prior authorization, regardless of whether the codes are listed on the CalOptima Authorization Required List.
- **All unlisted/miscellaneous/"by report" codes require prior authorization.** Each unlisted code requires item description /catalog page/invoice.
- **Codes not on this list and that are not on the "Services that Require Authorization" sheet, do not require prior authorization.** However, they are subject to Medi-Cal benefit and quantity limitations. Please check the Medi-Cal website for these determinations.
- **CalOptima does not require prior authorization for wheelchair repairs costing less than $250.** Covered benefit and frequency limitations will continue to apply.
- **Inpatient: All scheduled inpatient admissions require prior authorization.**

This is only a list of prior authorization procedure codes. It is not a complete description of benefits. For more information contact CalOptima or read the Member Handbook.

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
0213T	Epidural Steroid and Facet Injection	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0214T	Injection(s) diagnostic or therapeutic	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0215T	Epidural Steroid and Facet Injection	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0216T	Epidural Steroid and Facet Injection	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0217T	Epidural Steroid and Facet Injection	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0218T	Epidural Steroid and Facet Injection	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0228T	Injection, anesthetic agent and/or steroid transfoarminal epidural with ultrasound guidance cervical or thoracic	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0229T	Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance additional	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0230T	Injection, anesthetic agent and/or steroid transforminal epidural, with US guidance lumbar or sacral	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
0231Tzz	Injection, anesthetic agent and/or steroid transfirminal epidural, with US guidance lumbar or sacral	Not valid for Medi-Cal	Yes	Not valid for Medi-Cal
15820	Blepharoplasty, lower eyelid	Yes	Yes	Yes
15821	Blepharoplasty, lower eyelid, w/ extensive herniated fat pad	Yes	Yes	Yes
15822	Blepharoplasty, upper eyelid	Yes	Yes	Yes
15823	Rhytidectomy w/ excess skin on lids	Yes	Yes	Yes
17311	Mohs, 1 stage, h/n/hf/g	Yes	Yes	Yes
17312	Mohs addl stage	Yes	Yes	Yes
17313	Mohs, 1 stage, t/a/l	Yes	Yes	Yes
17314	Mohs, addl stage, t/a/l	Yes	Yes	Yes
17315	Mohs surg, addl block	Yes	Yes	Yes
19300	Mastectomy for gynecomastia	Yes	Yes	Yes
19318	Reduction mammaplasty	Yes	Yes	Yes
19324	Mammplasty, augmentation; w/o prosthetic implant	Yes	Yes	Yes
19325	Mammplasty, augmentation; w/ prosthetic implant	Yes	Yes	Yes
19328	Removal of intact mammary implant	Yes	Yes	Yes
19330	Removal of mammary implant material, unilateral	Yes	Yes	Yes
21127	Augment mandible body/ankle w/ bone graft	Yes	Yes	Yes
21137	Reduction forehead; contouring only	Yes	Yes	Yes
21138	Reduction forehead; contouring and application of prosthetic material or bone graft	Yes	Yes	Yes
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Yes	Yes	Yes
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/o bone graft	Yes	Yes	Yes
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/ bone graft	Yes	Yes	Yes
21195	Recinstruction of mandibular rami, and/or body, sagittal split: w/o internal rigid fixation	Yes	Yes	Yes
21196	Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation	Yes	Yes	Yes
21208	Osteoplasty, facial bones; augmentation	Yes	Yes	Yes
21209	Osteoplasty, facial bones; reduction	Yes	Yes	Yes
22532	Arthrodesis, thoracic, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
22533	Arthrodesis, lumbar, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes	Yes	Yes
22586	Arthrodesis, pre-sacral, including disc space preparation, discectomy	Yes	Yes	Yes
22633	Lumbar spine fusion combined	Yes	Yes	Yes
22634	Spine fusion extra segment	Yes	Yes	Yes
22856	Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical	Yes	Yes	Yes
22861	Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv	Yes	Yes	Yes
22864	Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical	Yes	Yes	Yes
23473	Revision of total shoulder arthroplasty w/ allograft; humeral **or** glenoid component	Yes	Yes	Yes
23474	Revision of total shoulder arthroplasty w/ allograft; humeral **and** glenoid component	Yes	Yes	Yes
24370	Revision of total elbow arthroplasty, w/ allograft; humeral **or** ulnar component	Yes	Yes	Yes
24371	Revision of total elbow arthroplasty, w/ allograft; humeral **and** ulnar component	Yes	Yes	Yes
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement, w/ or w/o autograft or allograft	Yes	Yes	Yes
27132	Conversion of previous hip surgery to total hip arthroplasty, w/ or w/o autograft or allograft	Yes	Yes	Yes
27134	Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft	Yes	Yes	Yes
27137	Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft	Yes	Yes	Yes
27138	Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft	Yes	Yes	Yes
27445	Arthroplasty, knee, hinge prosthesis	Yes	Yes	Yes
27612	Arthrotomy ankle w/ post release	Yes	Yes	Yes
27759	Open treatment of tibial shaft fracture by intramedullary implant, w/ or w/o interlocking screws and/or cerclage	Yes	Yes	Yes
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Yes	Yes	Yes
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Yes	Yes	Yes
30420	Rhinoplasty, primary; including major septal repair	Yes	Yes	Yes
30520	Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft	Yes	Yes	Yes
32851	Lung transplant, single; w/o cardiopulmonary bypass	Yes	Yes	Yes
32852	Lung transplant, single; w/ cardiopulmonary bypass	Yes	Yes	Yes
32853	Lung transplant, double; w/o cardiopulmonary bypass	Yes	Yes	Yes
32854	Lung transplant, double; w/ cardiopulmonary bypass	Yes	Yes	Yes
36478	Endovenous ablation therapy	Yes	Yes	Yes
36479	Endovenous ablation therapy	Yes	Yes	Yes
37210	Embolization uterine fibroid	Yes	Yes	Yes
37241	Vasc embolize/occlude venous	Yes	Yes	Yes
37242	Vasc embolize/occlude artery	Yes	Yes	Yes
37243	Vasc embolize/occlude organ	Yes	Yes	Yes
37244	Vasc embolize/occlude bleed	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
38230	Bone marrow harvesting for transplantation	Yes	Yes	Yes
38232	Bone marrow harvest autolog	Yes	Yes	Yes
38240	Bone marrow transplantation; allogenic	Yes	Yes	Yes
38241	Bone marrow transplant; autologous	Yes	Yes	Yes
38242	Lymphocyte Infuse Transplant	Yes	Yes	Yes
38243	Transplant, Hematopoietic cell boost	Yes	Yes	Yes
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	Yes	Yes	Yes
43645	with gastric bypass and small intestine reconstruction to limit absorption	Yes	Yes	Yes
43770	placement of adjustable gastric band (gastric band and subcutaneous port components)	Yes	Yes	Yes
43771	revision of adjustable gastric band component only	Yes	Yes	Yes
43772	removal of adjustable gastric band component only	Yes	Yes	Yes
43773	removal and replacement of adjustable gastric band component only	Yes	Yes	Yes
43774	removal of adjustable gastric band and subcutaneous port components	Yes	Yes	Yes
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Yes	Yes	Yes
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Yes	Yes	Yes
43843	other than vertical-banded gastroplasty	Yes	Yes	Yes
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (150-100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	Yes	Yes	Yes
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Yes	Yes	Yes
43847	with small intestine reconstruction to limit absorption	Yes	Yes	Yes
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band	Yes	Yes	Yes
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Yes	Yes	Yes
43887	removal of subcutaneous port component only	Yes	Yes	Yes
43888	Removal and replacement of subcutaneous port component only	Yes	Yes	Yes
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age	Yes	Yes	Yes
49560	Repair initial incisional or ventral hernia; reducible	Yes	Yes	Yes
49565	Repair recurrent incisional or ventral hernia; reducible	Yes	Yes	Yes
49652	Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian or Epigastric Hernia; Reducible	Yes	Yes	Yes
49654	Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	Yes	Yes	Yes
49656	Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible	Yes	Yes	Yes
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy	Yes	Yes	Yes
50365	Renal allotransplantation, implantation of graft; w/ recipient nephrectomy	Yes	Yes	Yes
50370	Removal of transplanted renal allograft	Yes	Yes	Yes
50380	Renal autotransplantation, reimplantation of kidney	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	Yes	Yes	Yes
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s),	Yes	Yes	Yes
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Yes	Yes	Yes
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	Yes	Yes	Yes
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	Yes	Yes	Yes
58260	Vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Yes	Yes	Yes
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Yes	Yes	Yes
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Yes	Yes	Yes
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Yes	Yes	Yes
58275	Vaginal hysterectomy, with total or partial vaginectomy;	Yes	Yes	Yes
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	Yes	Yes	Yes
58285	Vaginal hysterectomy, radical (Schauta type operation)	Yes	Yes	Yes
58290	Vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	Yes	Yes	Yes
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	Yes	Yes	Yes
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	Yes	Yes	Yes
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed	Yes	Yes	Yes
58550	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;	Yes	Yes	Yes
58552	Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Yes	Yes	Yes
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Yes	Yes	Yes
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Yes	Yes	Yes
58575	Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Yes	Yes	Yes
62320	Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, cervical or thoracic; without imaging guidance	Yes	Yes	Yes
62321	with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	Yes
62322	Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, lumbar or sacral (caudal); without imaging guidance	Yes	Yes	Yes
62323	with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	Yes
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminer epidural or subarcachnoid, cervical or thoracic, without imaging guidance	Yes	Yes	Yes
62325	with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	Yes
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
	substances, interlaminer epidural or subarcachnoid, lumbar or sacral (caudal); without imaging guidance			
62327	with imaging guidance (ie, fluoroscopy or CT)	Yes	Yes	Yes
64479	Intro/injection of anesthestic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	Yes
64480	Intro/injection of anesthestic agent diagnostic or therapeutic in the somatic nerves	Yes	Yes	Yes
64483	Injection anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance: lumbar or sacral	Yes	Yes	Yes
64484	Injection anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance: lumbar or sacral	Yes	Yes	Yes
64490	Facet joint injections, Occipital nerve, medial branch block	Yes	Yes	Yes
64491	Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches	Yes	Yes	Yes
64492	Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedure spinal Nerves and Branches	Yes	Yes	Yes
64493	Facet injection unilateral	Yes	Yes	Yes
64494	Facet injection	Yes	Yes	Yes
64495	Facet injection	Yes	Yes	Yes
68371	Harvesting conjunctival allograft, living donor	Yes	Yes	Yes
69930	Cochlear device implantation, w/ or w/o mastoidectomy	Yes	Yes	Yes
70540	Magnetic resonance imaging, orbit/face/neck; w/o contrast material	Yes	Yes	Yes
70542	Magnetic resonance imaging, orbit/face/neck; w/ contrast material	Yes	Yes	Yes
70543	Magnetic resonance imaging, orbit/face/neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70544	Magnetic resonance angiography, head; w/o contrast material	Yes	Yes	Yes
70545	Magnetic resonance angiography, head; w/ contrast material	Yes	Yes	Yes
70546	Magnetic resonance angiography, head; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70547	Magnetic resonance angiography, neck; w/o contrast material	Yes	Yes	Yes
70548	Magnetic resonance angiography, neck; w/ contrast material	Yes	Yes	Yes
70549	Magnetic resonance angiography, neck; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70551	Magnetic resonance imaging, brain; w/o contrast material	Yes	Yes	Yes
70552	Magnetic resonance imaging, brain; w/ contrast material	Yes	Yes	Yes
70553	Magnetic resonance imaging, brain; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
70555	Magnetic resonance imaging, brain, functional MRI;requiring physician or psychologist administration of entire neuro functional testing	Yes	Yes	Yes
70557	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
70558	Magnetic resonance imaging, brain, during open intracranial procedure; w/ contrast material	Yes	Yes	Yes
70559	Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
71550	Magnetic resonance angiography, chest; w/o contrast material	Yes	Yes	Yes
71551	Magnetic resonance angiography, chest; w/ contrast material	Yes	Yes	Yes
71552	Magnetic resonance angiography, chest; w/o contrast material, followed by contrast material(s) and further sequences	Yes	Yes	Yes
71555	Magnetic resonance imaging angio chest w or w/o dye	Yes	Yes	Yes
72141	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material	Yes	Yes	Yes
72142	Magnetic resonance imaging, spinal canal and contents, cervical; w/ contrast material	Yes	Yes	Yes
72146	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material	Yes	Yes	Yes
72147	Magnetic resonance imaging, spinal canal and contents, thoracic; w/ contrast material	Yes	Yes	Yes
72148	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material	Yes	Yes	Yes
72149	Magnetic resonance imaging, spinal canal and contents, lumbar; w/ contrast material	Yes	Yes	Yes
72156	Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72157	Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72158	Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
72159	Magnetic resonance angio spine w/o & w/ dye	Yes	Yes	Yes
72195	Magnetic resonance imaging, pelvis; w/o contrast materials	Yes	Yes	Yes
72196	Magnetic resonance imaging, pelvis; w/ contrast materials	Yes	Yes	Yes
72197	Magnetic resonance imaging, pelvis; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	Yes
72198	Magnetic resonance angio pelvis w/o & w/ dye	Yes	Yes	Yes
73218	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material	Yes	Yes	Yes
73219	Magnetic resonance imaging, upper extremity other than joint; w/ contrast material	Yes	Yes	Yes
73220	Magnetic resonance imaging, upper extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73221	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material	Yes	Yes	Yes
73222	Magnetic resonance imaging, any joint of upper extremity; w/ contrast material	Yes	Yes	Yes
73223	Magnetic resonance imaging, any joint of upper extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
73225	Magnetic resonance angio upper extr w/o & w/ dye	Yes	Yes	Yes
73718	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material	Yes	Yes	Yes
73719	Magnetic resonance imaging, lower extremity other than joint; w/ contrast material	Yes	Yes	Yes
73720	Magnetic resonance imaging, lower extremity other than joint; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73721	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material	Yes	Yes	Yes
73722	Magnetic resonance imaging, any joint of lower extremity; w/ contrast material	Yes	Yes	Yes
73723	Magnetic resonance imaging, any joint of lower extremity; w/o contrast material, followed by contrast material(s)	Yes	Yes	Yes
73725	Magnetic resonance angio lwr ext w/ or w/o dye	Yes	Yes	Yes
74181	Magnetic resonance imaging, abdomen; w/o contrast materials	Yes	Yes	Yes
74182	Magnetic resonance imaging, abdomen; w/ contrast materials	Yes	Yes	Yes
74183	Magnetic resonance imaging, abdomen; w/o contrast materials, followed by contrast material(s) and further sequences	Yes	Yes	Yes
74185	Magnetic resonance angiography, abdomen, w/ or w/o contrast material	Yes	Yes	Yes
77058	Mri, one breast	Yes	Yes	Yes
77059	Mri, both breasts	Yes	Yes	Yes
78071	Parathyroid planar imaging; with tomographic (SPECT)	Yes	Yes	Yes
78072	Parathyroid planar imaging; with tomographic (SPECT) and CT	Yes	Yes	Yes
78804	Radiopharm localization tumor/distribution radiopharm agent(s); whole body, req 2 or more days	Yes	Yes	Yes
78811	Tumor imaging, positron emission tomography (PET); limited area (e.g. chest, head/neck)	Yes	Yes	Yes
78812	Tumor imaging, positron emission tomography (PET); skull base to mid thigh	Yes	Yes	Yes
78813	Tumor imaging, positron emission tomography (PET); whole body	Yes	Yes	Yes
78814	Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. chest, head/neck)	Yes	Yes	Yes
78815	Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. Skull base to mid-thigh)	Yes	Yes	Yes
78816	Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. whole body)	Yes	Yes	Yes
79403	Radiopharm therapy, radiolabeled monoclonal antibody by IV infusion	Yes	Yes	Yes
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) , gene analysis, common variant, HPA-1a/b (L33P)	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]), gene analysis, common variant, HPA-2a/b (T145M)	Yes	Yes	Yes
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]), gene analysis, common variant, HPA-3a/b (I843S)	Yes	Yes	Yes
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]), gene analysis, common variant, HPA-4a/b (R143Q)	Yes	Yes	Yes
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]), gene analysis, common variant (eg, HPA-5a/b (K505E))	Yes	Yes	Yes
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]), gene analysis, common variant, HPA-6a/b (R489Q)	Yes	Yes	Yes
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]), gene analysis, common variant, HPA-9a/b (V837M)	Yes	Yes	Yes
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule), gene analysis, common variant, HPA-15a/b (S682Y)	Yes	Yes	Yes
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants	Yes	Yes	Yes
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants	Yes	Yes	Yes
81175	ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; full gene sequence	Yes	Yes	Yes
81176	ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; targeted sequence analysis	Yes	Yes	Yes
81201	APC (adenomatous polyposis coli) full gene sequence	Yes	Yes	Yes
81202	APC (adenomatous polyposis coli) known familial variants	Yes	Yes	Yes
81203	APC (adenomatous polyposis coli); duplication/deletion variant	Yes	Yes	Yes
81206	Bcr/abl1 gene major bp	Yes	Yes	Yes
81207	Bcr/abl1 gene minor bp	Yes	Yes	Yes
81208	Bcr/abl1 gene other bp	Yes	Yes	Yes
81210	Braf gene	Yes	Yes	Yes
81211	Brca1&2 seq & com dup/del	Yes	Yes	Yes
81212	Brca1&2 185&5385&6174 var	Yes	Yes	Yes
81213	Brca1& Brca2 Anal Uncommon Dup/Del Variants	Yes	Yes	Yes
81215	Brca1 gene known fam variant	Yes	Yes	Yes
81217	Brca2 gene known fam variant	Yes	Yes	Yes
81220	Cftr gene com variants	Yes	Yes	Yes
81235	EGFR gene analysis, common variants	Yes	Yes	Yes
81238	F9 (coagulation factor IX), full gene sequence	Yes	Yes	Yes
81243	Fmr1 gene detection	Yes	Yes	Yes
81244	Fmr1 gene characterization	Yes	Yes	Yes
81250	G6pc gene	Yes	Yes	Yes
81256	Hfe gene	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant	Yes	Yes	Yes
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants	Yes	Yes	Yes
81260	Ikbkap gene	Yes	Yes	Yes
81265	Str markers specimen anal	Yes	Yes	Yes
81266	Str markers spec anal addl	Yes	Yes	Yes
81267	Chimerism anal no cell selec	Yes	Yes	Yes
81268	Chimerism anal w/cell select	Yes	Yes	Yes
81270	Jak2 gene	Yes	Yes	Yes
81275	Kras gene	Yes	Yes	Yes
81280	Long qt synd gene full seq	Yes	Yes	Yes
81281	Long qt synd known fam var	Yes	Yes	Yes
81283	IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant	Yes	Yes	Yes
81287	Mgmt gene methylation anal	Yes	Yes	Yes
81292	Mlh1 gene full seq	Yes	Yes	Yes
81293	Mlh1 gene known variants	Yes	Yes	Yes
81294	Mlh1 gene dup/delete variant	Yes	Yes	Yes
81295	Msh2 gene full seq	Yes	Yes	Yes
81296	Msh2 gene known variants	Yes	Yes	Yes
81297	Msh2 gene dup/delete variant	Yes	Yes	Yes
81298	Msh6 gene full seq	Yes	Yes	Yes
81299	Msh6 gene known variants	Yes	Yes	Yes
81300	Msh6 gene dup/delete variant	Yes	Yes	Yes
81301	Microsatellite instability	Yes	Yes	Yes
81315	Pml/raralpha com breakpoints	Yes	Yes	Yes
81316	Pml/raralpha 1 breakpoint	Yes	Yes	Yes
81317	Pms2 gene full seq analysis	Yes	Yes	Yes
81318	Pms2 known familial variants	Yes	Yes	Yes
81319	Pms2 gene dup/delet variants	Yes	Yes	Yes
81321	PTEN gene analysis; full sequence analysis	Yes	Yes	Yes
81322	PTEN gene analysis; known familial variant	Yes	Yes	Yes
81323	PTEN gene analysis; duplication/deletion variant	Yes	Yes	Yes
81331	Snrpn/ube3a gene	Yes	Yes	Yes
81334	RUNX1 (runt related transcription factor 1), gene analysis, targeted sequence analysis	Yes	Yes	Yes
81361	HBB (hemoglobin, subunit beta), common variant(s)	Yes	Yes	Yes
81362	HBB (hemoglobin, subunit beta); known familial variant(s)	Yes	Yes	Yes
81363	HBB (hemoglobin, subunit beta); duplication/deletion variant(s)	Yes	Yes	Yes
81364	HBB (hemoglobin, subunit beta), full gene sequence	Yes	Yes	Yes
81370	Hla i & ii typing lr	Yes	Yes	Yes
81371	Hla i & ii type verify lr	Yes	Yes	Yes
81372	Hla i typing complete lr	Yes	Yes	Yes
81373	Hla i typing 1 locus lr	Yes	Yes	Yes
81374	Hla i typing 1 antigen lr	Yes	Yes	Yes
81375	Hla ii typing ag equiv lr	Yes	Yes	Yes
81376	Hla ii typing 1 locus lr	Yes	Yes	Yes
81377	Hla ii type 1 ag equiv lr	Yes	Yes	Yes
81378	Hla i & ii typing hr	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
81379	Hla i typing complete hr	Yes	Yes	Yes
81380	Hla i typing 1 locus hr	Yes	Yes	Yes
81381	Hla i typing 1 allele hr	Yes	Yes	Yes
81382	Hla ii typing 1 loc hr	Yes	Yes	Yes
81383	Hla ii typing 1 allele hr	Yes	Yes	Yes
81400	Mopath procedure level 1	Yes	Yes	Yes
81401	Mopath procedure level 2	Yes	Yes	Yes
81402	Mopath procedure level 3	Yes	Yes	Yes
81403	Mopath procedure level 4	Yes	Yes	Yes
81404	Mopath procedure level 5	Yes	Yes	Yes
81405	Mopath procedure level 6	Yes	Yes	Yes
81406	Mopath procedure level 7	Yes	Yes	Yes
81407	Mopath procedure level 8	Yes	Yes	Yes
81448	Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes.	Yes	Yes	Yes
81479	Unlisted molecular pathology procedure	Yes	Yes	Yes
81500	Onco(ovarian), biochemical assays of two proteins	Yes	Yes	Yes
81503	Onco(ovarian), biochemical assays of five proteins	Yes	Yes	Yes
81506	Endo(type 2 diabetes), assays of seven analytes	Yes	Yes	Yes
81507	Fetal aneuploidy trisom risk	Yes	Yes	Yes
81508	Fetal congenital abnormalities, biochemical assays of two proteins	Yes	Yes	Yes
81509	Fetal congenital abnormalities, biochemical assays of three proteins	Yes	Yes	Yes
81510	Fetal congenital abnormalities, biochemical assays of three analytes	Yes	Yes	Yes
81511	Fetal congenital abnormalities, biochemical assays of four analytes	Yes	Yes	Yes
81512	Fetal congenital abnormalities, biochemical assays of five analytes	Yes	Yes	Yes
81519	Onco(breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes	Yes	Yes	Yes
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis.	Yes	Yes	Yes
81521	Oncology (breast), mRNA microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis.	Yes	Yes	Yes
81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Yes	Yes	Yes
83894	Seperation by gel electrophoresis	Yes	Yes	Yes
83898	Amplification of patient nucliec acid	Yes	Yes	Yes
83904	Mutation identification by sequencing	Yes	Yes	Yes
83912	Interpretation and report	Yes	Yes	Yes
83913	Nucleic Acid Probe w/ Electphrs; w/ Amplif	Yes	Yes	Yes
86711	Antibody; JC (John Cunningham) virus	Yes	Yes	Yes
86828	HLA Class I/II HLA antigens; qualitative	Yes	Yes	Yes
86829	HLA Class I/II HLA antigens; qualitative	Yes	Yes	Yes
86830	HLA Class I; HLA phenotypes	Yes	Yes	Yes
86831	HLA Class II; HLA phenotypes	Yes	Yes	Yes
86832	HLA Class I High definition qualitative panel	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
86833	HLA Class II High definition qualitative panel	Yes	Yes	Yes
86834	HLA Class I High semi-quantitative panel	Yes	Yes	Yes
86835	HLA Class II High semi-quantitative panel	Yes	Yes	Yes
86849	Allomap® gene expression profiling	Yes	Yes	Yes
87910	genotype analysis; cytomegalovirus	Yes	Yes	Yes
87912	genotype analysis; hepatitis B	Yes	Yes	Yes
87999	Unlisted microbiology procedure	Yes	Yes	Yes
90378	Respiratory syncytial virus immune globulin (rsv-igim), for intramuscular use (Synagis)	Yes	Yes	Yes
91110	GI tract imaging, intraluminal (eg, capsule endoscopy), espohagus w/ physician interpretation & report	Yes	Yes	Yes
91112	GI WIRELESS CAPSULE W/INTERP	Yes	Yes	Yes
92002	Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient	Yes	Yes	No
92004	Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient one or more visits	Yes	Yes	No
92071	Contact lens fitting for tx	Yes	Yes	Yes
92072	Fit contac lens for managmnt	Yes	Yes	Yes
92507	Treatment of speech, language, voice, communication, and / or auditory processing disorder, individual	Yes	Yes	Yes
92508	Group, 2 or more individuals	Yes	Yes	Yes
92521	Evaluation of speech fluency	Yes	Yes	Yes
92522	Evaluate speech production	Yes	Yes	Yes
92523	Speech sound lang comprehen	Yes	Yes	Yes
93797	Cardiac Rehabilitation without continuous ECG monitoring	Yes	Yes	Yes
93798	Cardiac Rehabilitation with continuous ECG monitoring	Yes	Yes	Yes
92524	Behavioral and qualitative analysis of voice and resonance	Yes	Yes	Yes
95782	Polysomnography; <than 6 years, with 4/> addl parameters , attd by tech	Yes	Yes	Yes
95783	Polysomnography; <than 6 years, with initiation of CPAP/BiPap , attd by tech	Yes	Yes	Yes
96020	neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report	Yes	Yes	Yes
96120	Neuropsych tst Admin w/comp	Yes	Yes	Yes
96379	Unlisted therapeutic proph/dx iv/ia njx/nfs	Yes	Yes	Yes
97039	Unlisted modality	Yes	Yes	Yes
97113	Theraputic procedure, one or more areas, each 15 minutes; aquatic therapy with theraputic exercises	Yes	Yes	Yes
97139	Theraputic procedure, one or more areas, each 15 minutes; unlisted procedure	Yes	Yes	Yes
97150	Theraputic procedure(s), group	Yes	Yes	Yes
97161	PT eval low complex 20 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97162	PT eval mod complex 30 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
97163	PT eval high complex 45 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97164	PT re-eval est plan care	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97165	OT eval low complex 30 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97166	OT eval mod complex 45 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97167	OT eval high complex 60 min	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97168	OT re-eval est plan care	not valid for Medi-Cal	Yes	not valid for Medi-Cal
97530	Theraputic activities, direct (one-on-one) patient contact by provider, each 15 minutes	Yes	Yes	Yes
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensetory training), direct (one-to-one) patient contact by the provider, each 15 minutes	Yes	Yes	Yes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes	Yes	Yes	Yes
97750	Theraputic performance test or measuremenet, with written report, each 15 minutes	Yes	Yes	Yes
99183	Physician attendance and supervison of hyperbaric oxygen therapy, per session	Yes	Yes	Yes
99202	Office/Outpt New 20 minutes	Yes	Yes	No
99203	Office/Outpt New 30 minutes	Yes	Yes	No
99204	Office/Outpt New 45 minutes	Yes	Yes	No
99205	Office/Outpt New 60 minutes	Yes	Yes	No
99215	Office/Outpt Est 40 minutes	Yes	Yes	No
99241	Office consult, 15 minutes	Yes	Yes	No
99242	Office consult, 30 minutes	Yes	Yes	No
99243	Office consult, 40 minutes	Yes	Yes	No
99244	Office consult, 60 minutes	Yes	Yes	No
99245	Office consult, 80 minutes	Yes	Yes	No
99600	Unlisted home visit service or procedure	Yes	Yes	Yes
0656/T2045	Hospice service, general inpatient care (no respite)/ Hospice general care	Yes	Yes	Yes
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1)(refer to NEMT1 code)	Yes	Yes	Yes
A0428	Ambulance service, basic life support, non-emergency transport (BLS)(refer to NEMT1 code)	Yes	Yes	Yes
A4281	Tubing for breast pump replacement	Yes	Yes	Yes
A4282	Adapter for breast pump replacement	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
A4283	Cap for bresat pump bottle replacement	Yes	Yes	Yes
A4284	Breast shield and splash protector replacement	Yes	Yes	Yes
A4285	Breast pump bottle replacement	Yes	Yes	Yes
A4286	Locking ring for breast pump replacement.	Yes	Yes	Yes
A0430	Fixed Wing Air Transport	Yes	Yes	Yes
A0431	Rotary Wing Air Transport	Yes	Yes	Yes
A6545	Grad comp non-elastic BK	Yes	Yes	Yes
A9284	Non-electronic spirometer	Yes	Yes	Yes
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Yes	Yes	Yes
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Yes	Yes	Yes
B4102	Enteral formula adult fluids and electro	Not covered	Yes	No
B4104	Additive for enteral formula (e.g., fiber)	Not covered	Yes	No
B4149	Enteral formulablenderized foods	Not covered	Yes	No
B4150	Enteral formula complet w/intact nutrients	Not covered	Yes	No
B4152	Enteral formula,dense>/=1.5kcal	Not covered	Yes	No
B4153	Enteral formula, hydrolyzed/amino acids	Not covered	Yes	No
B4154	Enteral formula, special metabolic noninherited	Not covered	Yes	No
B4155	Enteral formula, incomplete/modular	Not covered	Yes	No
B4157	Enteral formula, special metabolic inherit	Not covered	Yes	No
C9275	Inj Hexaminolevulinate HCL 100 mg	Yes	Yes	Yes
C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters	Yes	Yes	Yes
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	Yes	Yes	Yes
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	Yes	Yes	Yes
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	Yes	Yes	Yes
C9399	Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)	Yes	Yes	Yes
C9482	Injection, Sotalol Hydrochloride, 1mg	Yes	Yes	Yes
C9483	Injection, Atezolizumab, 10mg	Yes	Yes	Yes
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants)	Yes	Yes	Yes
C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants)	Yes	Yes	Yes
E0140	Walker, w/trunk support, adjustable or fixed height, any type	Yes	Yes	Yes
E0144	Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat	Yes	Yes	Yes
E0147	Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance	Yes	Yes	Yes
E0165	Commode Chair, Mobile, with Detachable Arms	Yes	Yes	Yes
E0181	Pressure Pad, Alternating with Pump, Heavy Duty	Yes	Yes	Yes
E0182	Pump for Alternating Pressure Pad	Yes	Yes	Yes
E0185	Gel or gel-like pressure pad for mattress, standard mattress length & width	Yes	Yes	Yes
E0186	Air Pressure Mattress	Yes	Yes	Yes
E0187	Water Pressure Mattress	Yes	Yes	Yes
E0194	Air Fluidized Bed	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E0196	Gel Pressure Mattress	Yes	Yes	Yes
E0197	Air Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	Yes
E0198	Water Pressure Pad for Mattress, standard mattress length & width	Yes	Yes	Yes
E0271	Mattress, Innerspring	Yes	Yes	Yes
E0272	Mattress, Foam Rubber	Yes	Yes	Yes
E0277	Powered pressure-reducing air mattress	Yes	Yes	Yes
E0291	Hospital Bed, fixed height, w/o side rails, w/o mattress	Yes	Yes	Yes
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Yes	Yes	Yes
E0295	Hospital Bed,Semi-Electric (Head & Foot Adjustment), w/o Side Rails, w/o mattress	Yes	Yes	Yes
E0297	Hospital Bed, Total Electric (Head, Foot & Height Adjustments), w/o side rails, w/o mattress	Yes	Yes	Yes
E0300	Pediatric crib, hospital grade, fully enclosed	Yes	Yes	Yes
E0303	Hospital bed, heavy duty, extra wide, 350-600 lbs, w/any type side rails, w/mattress	Yes	Yes	Yes
E0304	Hospital bed, extra heavy duty, extra wide, >600 lbs, w/any type side rails, w/mattress	Yes	Yes	Yes
E0316	Safety enclosure frame/canopy for use w/hospital bed, any type	Yes	Yes	Yes
E0328	Pediatric hospital bed, manual	Yes	Yes	Yes
E0329	Pediatric hospital bed semi/electric	Yes	Yes	Yes
E0350	Control Unit for Electronic Bowel Irrigation/Evacuation System	Yes	Yes	Yes
E0372	Powered air overlay for mattress, standard mattress length & width	Yes	Yes	Yes
E0425	Stationary compressed gas oxygen system, purchase	Yes	Yes	Yes
E0430	Portable gaseous oxygen system, purchase	Yes	Yes	Yes
E0443	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers,	Yes	Yes	Yes
E0470	Respiratory assist device,bi-level pressure capability,w/o backup rate feature, w/non-invasive inferface	Yes	Yes	Yes
E0471	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/non-invasive int	Yes	Yes	Yes
E0472	Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/invasive interfa	Yes	Yes	Yes
E0480	Percussor, electric or pneumatic, home model	Yes	Yes	Yes
E0483	High frequency chest wall oscillation air-pulse generator system, each	Yes	Yes	Yes
E0487	Electronic spirometer	Yes	Yes	Yes
E0550	Humidifier, durable, for extensive suppl humidification during IPPB tx or oxygen delivery	Yes	Yes	Yes
E0562	Humidifier, heated, used w/positive airway pressure device	Yes	Yes	Yes
E0570	Nebulizer, with compressor	Yes	Yes	Yes
E0600	Respiratory suction pump, electic, port/stat, home model	Yes	Yes	Yes
E0601	CPAP (Continuous Airway Pressure) Device	Yes	Yes	Yes
E0618	Apnea monitor, w/o recording feature	Yes	Yes	Yes
E0619	Apnea monitor, w/recording feature	Yes	Yes	Yes
E0625	Patient lift, Kartop, bathroom or toilet	Yes	Yes	Yes
E0630	Patient lift; hydraulic, w/seat or sling	Yes	Yes	Yes
E0637	Combo sit to stand system, any size, w/seat lift, w/ or w/o wheels	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E0638	Standing frame system, any size, w/ or w/o wheels	Yes	Yes	Yes
E0650	Pneumatic compressor, nonsegmental home model	Yes	Yes	Yes
E0651	Pneumatic compressor, segmental home model w/o calibrated gradient pressure	Yes	Yes	Yes
E0656	Segmental pneumatic trunk	Yes	Yes	Yes
E0657	Segmental pneumatic chest	Yes	Yes	Yes
E0668	Segmental pneumatic appliance, full arm, for use w/pneumatic compressor	Yes	Yes	Yes
E0670	Segmental pneumatic appliance, 2 full legs and trunk	Yes	Yes	Yes
E0720	TENS, two lead, localized stimulation	Yes	Yes	Yes
E0730	TENS, four or more leads, for multiple stimulation	Yes	Yes	Yes
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Yes	Yes	Yes
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Yes	Yes	Yes
E0760	Osteogenesis stimulator, low intensity ultrsound, non-invasive	Yes	Yes	Yes
E0766	Elec stim cancer treatment	Yes	Yes	Yes
E0770	Functional electric stim NOS	Yes	Yes	Yes
E0784	External ambulatory insulin infusion pump	Yes	Yes	Yes
E0849	Traction eq, cervical, free-standing, pneumatic, not for mandible (Replaces K0627)	Yes	Yes	Yes
E0920	Fracture frame, attached to bed, includes weights	Yes	Yes	Yes
E0930	Fracture frame, free standing, includes weights	Yes	Yes	Yes
E0936	CPM device, other than knee	Yes	Yes	Yes
E0940	Trapeze bar, freestanding, complete w/grab bar	Yes	Yes	Yes
E0947	Fracture frame, attachments for complex pelvic traction	Yes	Yes	Yes
E0948	Fracture frame, attachments for complex cervical traction	Yes	Yes	Yes
E0950	Tray, wheelchair accessory, each	Yes	Yes	Yes
E0951	Heel loop/holder,any type, w/ or w/o ankle strap, each	Yes	Yes	Yes
E0952	Toe loop/holder, any type, each	Yes	Yes	Yes
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Yes	Yes	Yes
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Yes	Yes	Yes
E0955	Headrest, cushioned, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0956	Lateral trunk or hip support, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0957	Medial thigh support, any type, including fixed mounting hardware, each	Yes	Yes	Yes
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Yes	Yes	Yes
E0959	Manual wheelchiar accessory, adapter for amputee, each	Yes	Yes	Yes
E0960	Wheelchair Accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Yes	Yes	Yes
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Yes	Yes	Yes
E0966	Manual wheelchair accessory, headrest extension, each	Yes	Yes	Yes
E0967	Hand rim w/projections, any type, replacement only, each, manual wheelchair accessory	Yes	Yes	Yes
E0970	No. 2 footplates, except for elevating legrest	Yes	Yes	Yes
E0971	Anti-tipping device, wheelchair	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E0974	Manual wheelchair accessory, anti-rollback device, each	Yes	Yes	Yes
E0978	Positioning belt/safety belt/pelvic strap, each	Yes	Yes	Yes
E0981	Seat upholstery, replacement only, each, wheelechair accessory	Yes	Yes	Yes
E0982	Back upholstery, replacement only, each, wheelchair accessory	Yes	Yes	Yes
E0983	Power add-on to convert manual wheelchair to motorized, joystick control, manual w/c accessory	Yes	Yes	Yes
E0984	Power add-on to convert manual wheelchair to motorized, tiller control, manual w/c accessory	Yes	Yes	Yes
E0985	Seat lift mechanism, wheelchair accessory	Yes	Yes	Yes
E0986	Push activated power assist, each, manual wheelchair accessory	Yes	Yes	Yes
E0990	Elevating leg rest, complete assembly, each, manual wheelchair accessory	Yes	Yes	Yes
E0992	Solid seat insert, manual wheelchair accessory	Yes	Yes	Yes
E0995	Calf rest/pad, each, wheel chair accessory	Yes	Yes	Yes
E1002	Power seating system, tilt only, wheelchair accessory	Yes	Yes	Yes
E1003	Power seating system, recline only, w/o shear reduction, wheelchair accessory	Yes	Yes	Yes
E1004	Power seating system, recline only, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	Yes
E1005	Power seating system, recline only, w/power shear reduction, wheelchair accessory	Yes	Yes	Yes
E1006	Power seating system, combo tilt & recline, w/o shear reduction, wheelchair accessory	Yes	Yes	Yes
E1007	Power seating system, combo tilt & recline, w/mechanical shear reduction, wheelchair accessory	Yes	Yes	Yes
E1008	Power seating system, combo tilt & recline, w/power shear reduction, wheelchair accessory	Yes	Yes	Yes
E1009	Addition to power seating system, mechanical linked leg elevation system, incl pushrod & legrest	Yes	Yes	Yes
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Yes	Yes	Yes
E1011	Modification to pediatric wheelchair, width adjustment package (not to be dispensed w/initial chair)	Yes	Yes	Yes
E1014	Reclining back, addition to pediatric wheelchair	Yes	Yes	Yes
E1015	Shock absorber for manual wheelchair, each	Yes	Yes	Yes
E1016	Shock absorber for power wheelchair, each	Yes	Yes	Yes
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Yes	Yes	Yes
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each	Yes	Yes	Yes
E1020	Residual limb support system for wheelchair	Yes	Yes	Yes
E1028	Mounting hardware for joystick (manual swingaway, retractable or removable), other control interface	Yes	Yes	Yes
E1029	Ventilator tray, fixed, wheelchair accessory	Yes	Yes	Yes
E1030	Ventilator tray, gimbaled, wheelchair accessory	Yes	Yes	Yes
E1031	Rollabout chair, any and all types with casters 5" or greater	Yes	Yes	Yes
E1036	Multi-positional patient transfer system, extra-wide	Yes	Yes	Yes
E1037	Transport chair, pediatric size	Yes	Yes	Yes
E1038	Transport chair, adult size, patient weight capacity less than 250 pounds	Yes	Yes	Yes
E1161	Manual adult size wheelchair, includes tilt in space	Yes	Yes	Yes

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

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E2212	MWC accessory, tube for pneumatic propulsion tire, any size, each	Yes	Yes	Yes
E2213	MWC accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Yes	Yes	Yes
E2214	MWC accessory, pneumatic caster tire, any size, each	Yes	Yes	Yes
E2215	MWC accessory, tube for pneumatic caster tire, any size, each.	Yes	Yes	Yes
E2219	MWC accessory, foam caster tire, any size, each	Yes	Yes	Yes
E2220	MWC accessory, solid (rubber/plastic) propulsion tire (any size)	Yes	Yes	Yes
E2221	MWC accessory, solid (rubber/plastic) caster tire (removable), any size, each	Yes	Yes	Yes
E2227	Gear reduction drive wheel	Yes	Yes	Yes
E2228	MWC ACC, Wheelchair brake	Yes	Yes	Yes
E2231	Solid seat support base	Yes	Yes	Yes
E2295	Ped dynamic seating frame	Yes	Yes	Yes
E2300	Power seat elevation system, power wheelchair accessory	Yes	Yes	Yes
E2301	Power standing system, power wheelchair accessory	Yes	Yes	Yes
E2310	Electronic connection between wheelchair controller & 1 power seating system motor, pwr w/c accessory	Yes	Yes	Yes
E2311	Electronic connection between wheelchair controller & 2 or more power seating system motors, pwr w/c	Yes	Yes	Yes
E2312	Mini-Prop remote joystick	Yes	Yes	Yes
E2313	PWC harness, expand control	Yes	Yes	Yes
E2321	Hand control interface, remote joystick, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2322	Hand control interface, multiple mechanical switches, nonproportional, power w/c accessory	Yes	Yes	Yes
E2323	Specialty joystick handle for hand control interface, prefabricated, power wheelchair accessory	Yes	Yes	Yes
E2324	Chin cup for chin control interface, power wheelchair accessory	Yes	Yes	Yes
E2325	Sip and puff interface, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2326	Breath tube kit for sip and puff interface, power wheel chair accessory	Yes	Yes	Yes
E2327	Head control interface, mechanical, proportional, power wheelchair accessory	Yes	Yes	Yes
E2328	Head or extremity control interface, electronic, proportional, power wheelchair accessory	Yes	Yes	Yes
E2329	Head control interface, contact switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2330	Head control interface, proximity switch mechanism, nonproportional, power wheelchair accessory	Yes	Yes	Yes
E2331	Attendant control, proportional, power wheelchair accessory	Yes	Yes	Yes
E2340	Nonstandard seat frame width, 20" - 23", power wheelchair accessory	Yes	Yes	Yes
E2341	Nonstandard seat frame width, 24" - 27", power wheelchair accessory	Yes	Yes	Yes
E2342	Nonstandard seat frame depth, 20" or 21", power wheelchair accessory	Yes	Yes	Yes
E2343	Nonstandard seat frame depth, 22" - 25", power wheelchair accessory	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E2351	Electronic interface to operate SGD using power wheelchair control interface	Yes	Yes	Yes
E2360	22 NF non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2361	22 NF sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2362	Group 24 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2363	Group 24 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2364	U-1 non-sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2365	U-1 sealed lead acid battery, each, power wheelchair accessory	Yes	Yes	Yes
E2366	Battery charger, single mode, for use w/only one battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	Yes
E2367	Battery charger, dual mode, for use w/either battery type, sealed or non-sealed, each, pwr w/c accessory	Yes	Yes	Yes
E2373	Hand/chin ctrl spec joystick	Yes	Yes	Yes
E2374	Hand/chin ctrl std joystick	Yes	Yes	Yes
E2375	Non-expandable controller	Yes	Yes	Yes
E2376	Expandable controller, repl	Yes	Yes	Yes
E2377	Expandable controller, initl	Yes	Yes	Yes
E2378	Power wc actuator replacement	Yes	Yes	Yes
E2381	Pneum drive wheel tire	Yes	Yes	Yes
E2382	Tube, pneum wheel drive tire	Yes	Yes	Yes
E2384	Pneumatic caster tire	Yes	Yes	Yes
E2385	Tube, pneumatic caster tire	Yes	Yes	Yes
E2386	Foam filled drive wheel tire	Yes	Yes	Yes
E2387	Foam filled caster tire	Yes	Yes	Yes
E2388	Foam drive wheel tire	Yes	Yes	Yes
E2389	Foam caster tire	Yes	Yes	Yes
E2390	Solid drive wheel tire	Yes	Yes	Yes
E2391	Solid caster tire	Yes	Yes	Yes
E2392	Solid caster tire, integrate	Yes	Yes	Yes
E2393	Valve, pneumatic tire tube	Yes	Yes	Yes
E2394	Drive wheel excludes tire	Yes	Yes	Yes
E2395	Caster wheel excludes tire	Yes	Yes	Yes
E2396	Caster fork	Yes	Yes	Yes
E2397	PWC harness, llith-based battery	Yes	Yes	Yes
E2399	Interface, NOC, power wheelchair accessory	Yes	Yes	Yes
E2402	Negative pressure wound therapy electric pump, stationary or portable	Yes	Yes	Yes
E2500	SGD, digitized speech using pre-recorded messages, <= 8 mins recording time	Yes	Yes	Yes
E2502	SGD, digitized speech using pre-recorded messages, >8 but <= 20 mins recording time	Yes	Yes	Yes
E2504	SGD, digitized speech using pre-recorded messages, >20 but <= 40 mins recording time	Yes	Yes	Yes
E2506	SGD, digitized speech using pre-recorded messages, >40 mins	Yes	Yes	Yes
E2508	SGD, synthesized speech, req messages by spelling & acces by phycial contract w/the device	Yes	Yes	Yes
E2510	SGD, synthesized speech, mulitple messages methods & multiple device access methods	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
E2511	SG generating software program, for personal computer or digital assistant	Yes	Yes	Yes
E2512	Accessory for SGD, mounting system	Yes	Yes	Yes
E2599	Accessory for SGD, NOC	Yes	Yes	Yes
E2601	General use wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2602	General use wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2603	Skin protection wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2604	Skin protection wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2605	Positioning Wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2606	Positioning wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2607	Protect/position wheelchair seat cushion, width <22", any depth	Yes	Yes	Yes
E2608	Protect/position wheelchair seat cushion, width >=22", any depth	Yes	Yes	Yes
E2609	Custom fabricated wheelchair seat cushion, any size	Yes	Yes	Yes
E2610	Wheelchair seat cushion, powered	Yes	Yes	Yes
E2611	General use wheelchair back cushion, width <22", any height	Yes	Yes	Yes
E2612	General use wheelchair back cushion, width >=22", any height	Yes	Yes	Yes
E2613	Posterior positioning wheelchair back cushion, <22", any height	Yes	Yes	Yes
E2614	Posterior positioning wheelchair back cushion, >=22", any height	Yes	Yes	Yes
E2615	Post/lateral positioning wheelchair back cushion, <22", any height	Yes	Yes	Yes
E2616	Post/lateral positioning wheelchair back cushion, >=22", any height	Yes	Yes	Yes
E2617	Custom fabricated wheelchair back cushion, any size	Yes	Yes	Yes
E2618	Mounting hardware for seat cushion or support base	Yes	Yes	Yes
E2619	Replacement cover for wheelchair seat or back cushion	Yes	Yes	Yes
E2622	SKIN PROTECT WC CUSH WIDTH <22 IN	Yes	Yes	Yes
E2623	SKIN PROTECT WC CUSH WIDTH 22 IN/>	Yes	Yes	Yes
E2624	SKIN PROTCT&POSITION WC CUSH WD <22	Yes	Yes	Yes
E2625	SKIN PROTCT&POSITION WC CUSH W 22/>	Yes	Yes	Yes
E2626	Seo mobile arm sup att to wc	Yes	Yes	Yes
E2627	Arm supp att to wc rancho ty	Yes	Yes	Yes
E2628	Mobile arm supports reclinin	Yes	Yes	Yes
E2629	Friction dampening arm supp	Yes	Yes	Yes
E2630	Monosuspension arm/hand supp	Yes	Yes	Yes
E2631	Elevat proximal arm support	Yes	Yes	Yes
E2632	Offset/lat rocker arm w/ela	Yes	Yes	Yes
E2633	Mobile arm support supinator	Yes	Yes	Yes
G0151	Services performed by a qualified physical therapist in the home health or hospice setting each 15 minutes(auth required for home health only)	Yes	Yes	Yes
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting , each 15 minutes(auth required for home health only)	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting each 15 minutes(auth required for home health only)	Yes	Yes	Yes
G0154	Direct skilled nursing services of a licensed nurse (LPN or RN) in the home health or hospice setting each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0155	Services of clinical social worker in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0156	Services of home health/hospice aide in home health or hospice setting, each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0162	Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care, each 15 minutes (auth required for home health only)	Yes	Yes	Yes
G0176	OPPS/PHP; Activity Therapy	Yes	Yes	Yes
G0283	Electrical Stimulation to one or more areas for indications other than wound care, as part of a therapy plan	not valid for Medi-Cal	Yes	not valid for Medi-Cal
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting	Yes	Yes	Yes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting	Yes	Yes	Yes
G0416	Sat biopsy prostate 1-20 spc	Yes	Yes	Yes
G0422	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	Yes
G0423	Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session	Yes	Yes	Yes
G0424	Pulmonary rehab w exer	Yes	Yes	Yes
G0458	LDR prostate brachytherapy	Yes	Yes	Yes
J0129	Abatacept 10 mg, Inj.	Yes	Yes	Yes
J0178	Aflibercept,Injection, 1 mg	Yes	Yes	Yes
J0202	Alemtuzumab, Injection,1 mg	Yes	Yes	Yes
J0348	Anadulafungin injection 1 mg (Eraxis)	Yes	Yes	Yes
J0485	Belatacept,Injection, 1 mg	Yes	Yes	Yes
J0490	Belimumab Injection, 10mg	Yes	Yes	Yes
J0585	Onabotulinumtoxina Inj 1 unit (Botox)	Yes	Yes	Yes
J0586	AbobotulinumtoxinA Inj 5 units (Dysport)	Yes	Yes	Yes
J0587	Botulinum Type B injection, 100 units	Yes	Yes	Yes
J0588	Incobotulinumtoxin (Xeomain), 1 unit	Yes	Yes	Yes
J0595	C-1 esterase inhibitor (recombinant), Ruconest,Injection, 10 units (For billing prior to 1/1/16 use C9445 or J3590)	Yes	Yes	Yes
J0596	Injection, ruconest 10 units			
J0597	C1 Esterase Inhib Berinert Inj 10 U	Yes	Yes	Yes
J0638	Canakinumab Inj 1 Mg	Yes	Yes	Yes
J0714	Injection, ceftazidime and avibactam			
J0717	Certolizumab Pegol 1 mg inj	Yes	Yes	Yes
J0875	Injection, dalbavancin 5mg	Yes	Yes	Yes
J0881	Darbepetin Alfa, Non-ESRD injection	Yes	Yes	Yes
J0885	Epoetin alfa, Non-ESRD	Yes	Yes	Yes
J0894	Decitabine injection 1mg (Dacogen)	Yes	Yes	Yes
J0897	Denosumab, Injection, 1mg	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
J1071	Injection, testosterone cypionate 1mg	Yes	Yes	Yes
J1267	Doripenem injection	Yes	Yes	Yes
J1290	Inj Ecallantide 1 Mg	Yes	Yes	Yes
J1300	Injection, eculizumab, 10 mg	Yes	Yes	Yes
J1322	Injection, Elosulfase alfa, 1mg	Yes	Yes	Yes
J1439	Injection, ferric carboxymaltose 1mg	Yes	Yes	Yes
J1442	Filgrastim (G-CSF) 1 mcg	Yes	Yes	Yes
J1447	Tbo-filgrastim, 1 microgram	Yes	Yes	Yes
J1453	Fosaprepitant injection	Yes	Yes	Yes
J1455	Fomivirsen (Vitravene) inj, 1.65mg	Yes	Yes	Yes
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg	Yes	Yes	Yes
J1460	Injection, gamma globulin, intramuscular, 1 cc (GamaSTAN S/D)	Yes	Yes	Yes
J1556	Injection, IVIG (Bivigam), 500 mg	Yes	Yes	Yes
J1557	Gammaplex injection	Yes	Yes	Yes
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg	Yes	Yes	Yes
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, Panglobulin NF and Gammagard S/D should be billed using this code)	Yes	Yes	Yes
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg	Yes	Yes	Yes
J1569	Injection, Immune Globulin, (Gammagard), IV, non-lyophilized, (e.g., liquid), 500 MG	Yes	Yes	Yes
J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg	Yes	Yes	Yes
J1575	Injection, Hyqvia 100mg Immuneglobulin			
J1602	Injection, golimumab, 1 mg, for intravenous use	Yes	Yes	Yes
J1740	Ibandronate sodium injection 1 mg (Boniva)	Yes	Yes	Yes
J1745	Infliximab (Remicade) inj	Yes	Yes	Yes
J1750	Injection iron dextran 50 mg	Yes	Yes	Yes
J1930	Injection, lanreotide, 1 mg	Yes	Yes	Yes
J2185	Injection, Meropenem, 500mg, 1G	Yes	Yes	Yes
J2248	Micafungin sodium injection 1mg (Mycamine)	Yes	Yes	Yes
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg (Sandostatin LAR)	Yes	Yes	Yes
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg (Sandostatin)	Yes	Yes	Yes
J2357	Omalizumab 5mg (Xolair)	Yes	Yes	Yes
J2407	Injection, oritavancin, 10 mg	Yes	Yes	Yes
J2430	Pamidronate Disodium Injection Per 30mg	Yes	Yes	Yes
J2501	Paricalcitol (Zemplar) 1mcg	Yes	Yes	Yes
J2502	Injection, pasireotide long acting, 1 mg (For billing prior to 1/1/16 use C9454 or J3490)	Yes	Yes	Yes
J2505	Pegfilgrastim, 6mg (Neulasta)	Yes	Yes	Yes
J2507	Injection, Pegloticase, 1mg	Yes	Yes	Yes
J2562	Plerixafor (Mozobil) 1 mg inj	Yes	Yes	Yes
J2778	Ranibizumab, 0.1 mg	Yes	Yes	Yes
J2786	Injection, reslizumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9481 for OPPS billing)	Yes	Yes	Yes
J2793	Rilonacept (Arcalyst) 1 mg inj	Yes	Yes	Yes
J2796	Romiplostim (Nplate) 10 micrograms inj	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
J2820	Sargramostim (Gm-Csf), Injection, 50 Mcg	Yes	Yes	Yes
J2840	Injection, sebelipase alfa, 1 mg	Yes	Yes	Yes
J2860	Injection, siltuximab, 10 mg (For billing prior to 1/1/16 use C9455 or J3590)	Yes	Yes	Yes
J3060	Taliglucerase alfa, 10 units	Yes	Yes	Yes
J3090	Injection, Tedizolid phosphate, 1mg	Yes	Yes	Yes
J3095	Telavancin Inj 10 Mg	Yes	Yes	Yes
J3145	Injection, testosterone undecanoate 1mg	Yes	Yes	Yes
J3243	Tigecycline injection - Please submit auth request to the Pharmacy Benefit Manager	Yes	Yes	Yes
J3357	Ustekinumab, 1 mg	Yes	Yes	Yes
J3380	Injection, vedolizumab, 1mg	Yes	Yes	Yes
J3385	Alemtuzumab	Yes	Yes	Yes
J3489	Injection, Zoledronic Acid, 1mg	Yes	Yes	Yes
J3490	Unclassified drugs	Yes	Yes	Yes
J3590	Unclassified biologics	Yes	Yes	Yes
J7310	Ganciclovir Long Act Implant	Yes	Yes	Yes
J7313	Intravitreal Implant, Fluocinolone Acetonide, 0.01 Mg	Yes	Yes	Yes
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg	Yes	Yes	Yes
J7321	Hyaluronan or derivative, hyalgan or supartz, for intra-articular injection, per dose (Hyalgan)	Yes	Yes	Yes
J7323	Euflexxa inj per dose	Yes	Yes	Yes
J7324	Orthovisc inj per dose	Yes	Yes	Yes
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intrarticular injection, 1mg)	Yes	Yes	Yes
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose, 88mg	Yes	Yes	Yes
J7328	Gel-syn injection 0.1mg	Yes	Yes	Yes
J9019	Asparaginase (Erwinaze), Injection,1,000 IU	Yes	Yes	Yes
J9020	Asparaginase, Injection, 10,000 Units	Yes	Yes	Yes
J9032	Injection, belinostat, 10 mg	Yes	Yes	Yes
J9033	Bendamustine injection	Yes	Yes	Yes
J9035	Bevacizumab (Avastin) inj, 10mg	Yes	Yes	Yes
J9039	Blinatumomab, Injection, 1 microgram	Yes	Yes	Yes
J9041	Bortezomib (Velcade) ing, 0.1mg	Yes	Yes	Yes
J9042	Injection, brentuximab vedotin, 1 mg	Yes	Yes	Yes
J9043	Cabazitaxel, 1mg	Yes	Yes	Yes
J9047	Carfilzomib, 1mg	Yes	Yes	Yes
J9055	Cetuximab injection 10 mg	Yes	Yes	Yes
J9145	Injection, daratumumab, 10 mg	Yes	Yes	Yes
J9155	Degarelix (Firmagon) 1 mg inj	Yes	Yes	Yes
J9207	Ixabepilone injection	Yes	Yes	Yes
J9225	Histrelin (Vantas) Implant, 50mg	Yes	Yes	Yes
J9226	Histrelin (Supprelin LA) Implant, 50mg	Yes	Yes	Yes
J9228	Inj. Ipilimumab 1 mg	Yes	Yes	Yes
J9261	Nelarabine injection 50 mg (Arranon)	Yes	Yes	Yes
J9266	Injection, pegaspargase, per single dose vial	Yes	Yes	Yes
J9271	Pembrolizumab, Injection, 1 mg	Yes	Yes	Yes
J9295	Injection, necitumumab, 1 mg	Yes	Yes	Yes
J9301	Obinutuzumab, Injection, 10mg	Yes	Yes	Yes
J9302	Ofatumumab Inj 10 Mg	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
J9303	Panitumumab (Vectibix) inj, 10mg	Yes	Yes	Yes
J9306	Pertuzumab 10mg	Yes	Yes	Yes
J9308	Injection, ramucirumab, 5 mg	Yes	Yes	Yes
J9310	Rituximab (Rituximan) inj, 100mg	Yes	Yes	Yes
J9315	Romidepsin Inj 1 Mg	Yes	Yes	Yes
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Yes	Yes	Yes
J9328	Temozolomide (Temodar) 1 mg inj	Yes	Yes	Yes
J9330	Injection, temsirolimus, 100 mg	Yes	Yes	Yes
J9352	Injection, trabectedin, 0.1 mg	Yes	Yes	Yes
J9354	Ado-Trastuzumab emtansine, 1mg	Yes	Yes	Yes
J9355	Trastuzumab	Yes	Yes	Yes
J9371	Vincristine Sulfate Liposome,1 mg	Yes	Yes	Yes
J9400	INJECTION, ZIV-AFLIBERCEPT	Yes	Yes	Yes
J9999	Not otherwise classified, antineoplastic drugs	Yes	Yes	Yes
K0001	Standard wheelchair	Yes	Yes	Yes
K0002	Standard hemi (low seat) wheelchair	Yes	Yes	Yes
K0003	Lightweight wheelchair	Yes	Yes	Yes
K0004	High strength, lightweight wheelchair	Yes	Yes	Yes
K0005	Ultralightweight wheelchair	Yes	Yes	Yes
K0006	Heavy duty wheelchair	Yes	Yes	Yes
K0007	Extra heavy duty wheelchair	Yes	Yes	Yes
K0008	Custom Manual Wheelchair/base	Yes	Yes	Yes
K0009	Other manual wheelchair/base	Yes	Yes	Yes
K0010	Standard-weight frame motorized/power wheelchair	Yes	Yes	Yes
K0011	Standard-weight frame motorized/power wheelchair w/programmable control parameters for speed adj	Yes	Yes	Yes
K0012	Lightweight portable motorized/power wheelchair	Yes	Yes	Yes
K0013	Custom Power Wheelchair/base	Yes	Yes	Yes
K0014	Other motorized/power wheelchair base	Yes	Yes	Yes
K0015	Detachable, nonadjustable height armrest, each	Yes	Yes	Yes
K0017	Detachable, adjustable height armrest, base, each	Yes	Yes	Yes
K0018	Detachable, adjustable height armrest, upper portion, each	Yes	Yes	Yes
K0019	Arm pad, each	Yes	Yes	Yes
K0020	Fixed, adjustable height armrest, pair	Yes	Yes	Yes
K0037	High mount flip-up footrest, each	Yes	Yes	Yes
K0038	Leg strap, each	Yes	Yes	Yes
K0039	Leg strap, H style, each	Yes	Yes	Yes
K0040	Adjustable angle footplate, each	Yes	Yes	Yes
K0041	Large size footplate, each	Yes	Yes	Yes
K0042	Standard size footplate, each	Yes	Yes	Yes
K0043	Footrest, lower extension tube, each	Yes	Yes	Yes
K0044	Footrest, upper hanger bracket, each	Yes	Yes	Yes
K0045	Footrest, complete assembly	Yes	Yes	Yes
K0046	Elevating legrest, lower extension tube, each	Yes	Yes	Yes
K0047	Elevating legrest, upper hanger bracket, each	Yes	Yes	Yes
K0050	Ratchet assembly	Yes	Yes	Yes
K0051	Cam release assembly, footrest or legrest, each	Yes	Yes	Yes
K0052	Swingaway, detachable footrests, each	Yes	Yes	Yes
K0053	Elevating footrests, articulating, each	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
K0056	Seat height, for high strength, lightweight or ultralightweight wheelchair, <17" or >=21"	Yes	Yes	Yes
K0069	Rear wheel assembly, complete, w/solid tire, spokes or molded, each	Yes	Yes	Yes
K0070	Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each	Yes	Yes	Yes
K0071	Front caster assembly, complete, w/pneumatic tire, each	Yes	Yes	Yes
K0072	Front caster assembly, complete, w/semi-pneumatic tire, each	Yes	Yes	Yes
K0073	Caster pin lock each	Yes	Yes	Yes
K0077	Front caster assembly, complete, w/solid tire each	Yes	Yes	Yes
K0098	Drive belt for power wheelchair	Yes	Yes	Yes
K0105	IV hanger, each	Yes	Yes	Yes
K0108	Other accessories, wheelchair component or accessory, NOS	Yes	Yes	Yes
K0195	Elevating leg rest, pair	Yes	Yes	Yes
K0455	Infusion pump for epoprostenol/treprostinil (uninterrupted parenteral admin of meds)	Yes	Yes	Yes
K0669	Wheelchair seat or back cushion, NOC from SADMERC	Yes	Yes	Yes
K0738	Portable gaseous oxygen system, rental	Yes	Yes	Yes
K0739	Repair of non-routine service for DME, other than oxygen equipment requiring the skill of a technician, per 15 minutes of labor	Yes	Yes	Yes
K0740	Repair of non-routine service for oxygen equipment requiring the skill of a technician, per 15 minutes of labor	Yes	Yes	Yes
K0743	Portable home suction pump	Yes	Yes	Yes
K0744	Absorp drg <= 16 suc pump	Yes	Yes	Yes
K0745	Absorp drg >16<=48 suc pump	Yes	Yes	Yes
K0746	Absorp drg >48 suc pump	Yes	Yes	Yes
K0800	POV group 1 std up to 300lbs	Yes	Yes	Yes
K0801	POV group 1 hd 301-450 lbs	Yes	Yes	Yes
K0802	POV group 1 vhd 451-600 lbs	Yes	Yes	Yes
K0806	POV group 2 std up to 300lbs	Yes	Yes	Yes
K0807	POV group 2 hd 301-450 lbs	Yes	Yes	Yes
K0808	POV group 2 vhd 451-600 lbs	Yes	Yes	Yes
K0812	Power operated vehicle NOC	Yes	Yes	Yes
K0813	PWC gp 1 std port seat/back	Yes	Yes	Yes
K0814	PWC gp 1 std port cap chair	Yes	Yes	Yes
K0815	PWC gp 1 std seat/back	Yes	Yes	Yes
K0816	PWC gp 1 std cap chair	Yes	Yes	Yes
K0820	PWC gp 2 std port seat/back	Yes	Yes	Yes
K0821	PWC gp 2 std port cap chair	Yes	Yes	Yes
K0822	PWC gp 2 std seat/back	Yes	Yes	Yes
K0823	PWC gp 2 std cap chair	Yes	Yes	Yes
K0824	PWC gp 2 hd seat/back	Yes	Yes	Yes
K0825	PWC gp 2 hd cap chair	Yes	Yes	Yes
K0826	PWC gp 2 vhd seat/back	Yes	Yes	Yes
K0827	PWC gp vhd cap chair	Yes	Yes	Yes
K0828	PWC gp 2 xtra hd seat/back	Yes	Yes	Yes
K0829	PWC gp 2 xtra hd cap chair	Yes	Yes	Yes
K0830	PWC gp2 std seat elevate s/b	Yes	Yes	Yes
K0831	PWC gp2 std seat elevate cap	Yes	Yes	Yes
K0835	PWC gp2 std sing pow opt s/b	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
K0836	PWC gp2 std sing pow opt cap	Yes	Yes	Yes
K0837	PWC gp 2 hd sing pow opt s/b	Yes	Yes	Yes
K0838	PWC gp 2 hd sing pow opt cap	Yes	Yes	Yes
K0839	PWC gp2 vhd sing pow opt s/b	Yes	Yes	Yes
K0840	PWC gp2 xhd sing pow opt s/b	Yes	Yes	Yes
K0841	PWC gp2 std mult pow opt s/b	Yes	Yes	Yes
K0842	PWC gp2 std mult pow opt cap	Yes	Yes	Yes
K0843	PWC gp2 hd mult pow opt s/b	Yes	Yes	Yes
K0848	PWC gp 3 std seat/back	Yes	Yes	Yes
K0849	PWC gp 3 std cap chair	Yes	Yes	Yes
K0850	PWC gp 3 hd seat/back	Yes	Yes	Yes
K0851	PWC gp 3 hd cap chair	Yes	Yes	Yes
K0852	PWC gp 3 vhd seat/back	Yes	Yes	Yes
K0853	PWC gp 3 vhd cap chair	Yes	Yes	Yes
K0854	PWC gp 3 xhd seat/back	Yes	Yes	Yes
K0855	PWC gp 3 xhd cap chair	Yes	Yes	Yes
K0856	PWC gp3 std sing pow opt s/b	Yes	Yes	Yes
K0857	PWC gp3 std sing pow opt cap	Yes	Yes	Yes
K0858	PWC gp3 hd sing pow opt s/b	Yes	Yes	Yes
K0859	PWC gp3 hd sing pow opt cap	Yes	Yes	Yes
K0860	PWC gp3 vhd sing pow opt s/b	Yes	Yes	Yes
K0861	PWC gp3 std mult pow opt s/b	Yes	Yes	Yes
K0862	PWC gp3 hd mult pow opt s/b	Yes	Yes	Yes
K0863	PWC gp3 vhd mult pow opt s/b	Yes	Yes	Yes
K0864	PWC gp3 xhd mult pow opt s/b	Yes	Yes	Yes
K0868	PWC gp 4 std seat/back	Yes	Yes	Yes
K0869	PWC gp 4 std cap chair	Yes	Yes	Yes
K0870	PWC gp 4 hd seat/back	Yes	Yes	Yes
K0871	PWC gp 4 vhd seat/back	Yes	Yes	Yes
K0877	PWC gp4 std sing pow opt s/b	Yes	Yes	Yes
K0878	PWC gp4 std sing pow opt cap	Yes	Yes	Yes
K0879	PWC gp4 hd sing pow opt s/b	Yes	Yes	Yes
K0880	PWC gp4 vhd sing pow opt s/b	Yes	Yes	Yes
K0884	PWC gp4 std mult pow opt s/b	Yes	Yes	Yes
K0885	PWC gp4 std mult pow opt cap	Yes	Yes	Yes
K0886	PWC gp4 hd mult pow s/b	Yes	Yes	Yes
K0890	PWC gp5 ped sing pow opt s/b	Yes	Yes	Yes
K0891	PWC gp5 ped mult pow opt s/b	Yes	Yes	Yes
K0898	Power wheelchair NOC	Yes	Yes	Yes
K0900	Custom DME other than wheelchair	Yes	Yes	Yes
L0113	Cranial cervical torticollis	Yes	Yes	Yes
L0170	Collar, Molded to Patient Model	Yes	Yes	Yes
L0200	Multiple post collar, occipital/mandibular supports, adjustable cervical bars & thoracic extension	Yes	Yes	Yes
L0452	Upper thoracic region, included shoulder straps & closures, custom fabricated	Yes	Yes	Yes
L0455	Tlso flexible trnk sj-t9 prefabricated, off-the-shelf	Yes	Yes	Yes
L0456	Rigid posterior panel & soft anterior apron, incl straps & closures, prefab, incl fitting & adjustment	Yes	Yes	Yes
L0457	Tlso flexible trnk sj-ss prefabricated, off-the-shelf	Yes	Yes	Yes
L0458	Two rigid plastic shells, soft liner, to xiphiod, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L0460	Two rigid plastic shells, soft liner, to sternal notch, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0462	Three rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0464	Four rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment	Yes	Yes	Yes
L0467	Tlso, sagittal control, rigid posterior frame and flexible soft, off-the-shelf	Yes	Yes	Yes
L0468	Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, prefab,includes fitting and adjustment	Yes	Yes	Yes
L0469	Tlso, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf	Yes	Yes	Yes
L0470	Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, incl fitting &adjustment	Yes	Yes	Yes
L0472	Hyperextension, rigid ant & lat frame, post & lat pads w/straps & closures, incl fitting & adjustmnt	Yes	Yes	Yes
L0480	One piece, w/o interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model,custom	Yes	Yes	Yes
L0482	One piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0484	Two piece, w/o interface liner, w/mult straps&closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0486	Two piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom	Yes	Yes	Yes
L0488	One piece, w/interface liner, w/mult straps & closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0490	One piece rigid posterior shell w/overlapping reinforced anterior w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0492	Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic	Yes	Yes	Yes
L0623	Sacroiliac orthosis, pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	Yes
L0629	LSO, flexible, provides lumbo-sacral support, with rigid or semi-rigid panels w/mult straps&closures, custom fabricated	Yes	Yes	Yes
L0631	LSO, sagittal control, with rigid posterior panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0632	LSO, sagittal control, , with rigid anterior and posterior panels,pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0634	LSO, sagittal-coronal control, with rigid posterior frame/panel(s)er straps, pendulous abdomen design, custom fabricated	Yes	Yes	Yes
L0635	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0636	LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L0637	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0638	LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels,pw/mult straps&closures, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes
L0639	LSO, sagittal-coronal control, rigid shell(s)/panel(s), pw/mult straps&closures, prefabricated, incl fitting & adjustment	Yes	Yes	Yes
L0640	LSO, sagittal-coronal control, rigid shell(s)/panel(s),pw/mult straps&closures, prefabricated, incl fitting & adjustment, custom fabricated	Yes	Yes	Yes
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), l l1-l5 pre ots	Yes	Yes	Yes
L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	Yes
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), pre ots	Yes	Yes	Yes
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels pre ots	Yes	Yes	Yes
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), pre ots	Yes	Yes	Yes
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), pre ots	Yes	Yes	Yes
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), l pre ots	Yes	Yes	Yes
L0700	Minerva type, molded to patient model	Yes	Yes	Yes
L0710	Minerva type, molded to patient model, w/interface material	Yes	Yes	Yes
L0810	Cervical Halo Incorporated Into Jacket Vest	Yes	Yes	Yes
L0820	Cervical Halo Incorporated Into Plaster Body Jacket	Yes	Yes	Yes
L0830	Cervical Halo Incorporated Into Milwaukee Type Orthosis	Yes	Yes	Yes
L0859	Addition to Halo Procedures, Magnetic Reasonance Image Compatible System (replaces L0860)	Yes	Yes	Yes
L0999	Addition To Spinal Orthosis, Not Otherwise Specified	Yes	Yes	Yes
L1000	Milwaukee, inclusive of furnishing initial orthosis, including model	Yes	Yes	Yes
L1001	CTLSO infant immobilizer	Yes	Yes	Yes
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Yes	Yes	Yes
L1200	Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive of Furnishing Initial	Yes	Yes	Yes
L1300	Other Scoliosis Procedure, Body Jacket Molded to Patient Model	Yes	Yes	Yes
L1310	Other Scoliosis Procedure, Post-Operative Body Jacket	Yes	Yes	Yes
L1499	Unlisted Procedure for Spinal Orthosis, NOS	Yes	Yes	Yes
L1500	THKAO, mobility frame (Newington, Parapodium types)	Yes	Yes	Yes
L1510	THKAO, standing frame, w/ or w/o tray & accessories	Yes	Yes	Yes
L1520	THKAO, swivel walker	Yes	Yes	Yes
L1680	HO,dynamic, pelvic control, adj hip motion control, thigh cuffs, custom fabricated (Rancho type)	Yes	Yes	Yes
L1685	HO, abduction control of hip joint, post-op hip abduction type, custom fabricated	Yes	Yes	Yes
L1686	HO, abduction control of hip joint, post op hip abduction type, prefabricated	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L1690	Combo-bilat, lumbo-sacral, hip, femur orthosis providing adduction&internal rotation control,prefab	Yes	Yes	Yes
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Yes	Yes	Yes
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Yes	Yes	Yes
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Yes	Yes	Yes
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Yes	Yes	Yes
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Yes	Yes	Yes
L1812	KO, elastic w/joints prefabricated, off-the-shelf	Yes	Yes	Yes
L1832	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment	Yes	Yes	Yes
L1833	KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Yes	Yes	Yes
L1834	KO, w/o knee joint, custom fabricated	Yes	Yes	Yes
L1840	KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Yes	Yes	Yes
L1843	KO, single upright, thigh and calf, with adjustable flexion and extension joint	Yes	Yes	Yes
L1844	KO,single upright,custom fabricated,thigh&calf,w/adj flexion&extention jnt, med-lat&rotation control	Yes	Yes	Yes
L1845	KO,double upright,prefabricated,thigh&calf, w/adj flexion&extension jnt,med-lat&rotation control	Yes	Yes	Yes
L1846	KO,double upright,custom fabricated,thigh&calf,w/adj flexion&extension jnt, med-lat&rotation control	Yes	Yes	Yes
L1847	KO, double upright w/adjustable joint w/inflatable air support chamber(s), prefabricated	Yes	Yes	Yes
L1848	KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Yes	Yes	Yes
L1855	KO, molded plastic, thigh & calf sections, w/double upright knee joints, custom fabricated	Yes	Yes	Yes
L1858	KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated	Yes	Yes	Yes
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated (SK)	Yes	Yes	Yes
L1870	KO, double upright, thigh & calf lacers, w/knee joints, custom fabricated	Yes	Yes	Yes
L1880	KO, double upright, nonmolded thigh & calf cuffs/lacers w/knee joints, custom fabricated	Yes	Yes	Yes
L1904	AFO, molded ankle gauntlet, custom-fabricated	Yes	Yes	Yes
L1907	AFO, supramalleolar w/straps, w/ or w/o interface/pads, custom fabricated	Yes	Yes	Yes
L1940	AFO, plastic or other material, custom fabricated	Yes	Yes	Yes
L1945	AFO, plastic, rigid anterior tibial section (floor reaction), custom fabricated, molded to pt model	Yes	Yes	Yes
L1950	AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Yes	Yes	Yes
L1951	AFO, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated	Yes	Yes	Yes
L1960	AFO, posterior solid ankle, plastic, custom fabricated	Yes	Yes	Yes
L1970	AFO, plastic, with ankle joint, custom fabricated	Yes	Yes	Yes
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated	Yes	Yes	Yes
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom-fabricated	Yes	Yes	Yes
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom-fabricated	Yes	Yes	Yes
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh & calf bands/cuffs, custom fabricated	Yes	Yes	Yes
L2030	KAFO, double upright, free ankle, solid stirrup, thigh & calf bands/cuffs, w/o knee joint,custom fabricated	Yes	Yes	Yes
L2035	KAFO, plastic, pediatric size	Yes	Yes	Yes
L2036	KAFO, full plastic, double upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	Yes
L2037	KAFO, full plastic, single upright, free knee, w/ or w/o free motion ankle, custom fabricated	Yes	Yes	Yes
L2038	KAFO, full plastic, w/o knee joint, multiaxis ankle, (Lively orthosis or euqal), custom fabricated	Yes	Yes	Yes
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated	Yes	Yes	Yes
L2108	AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Yes	Yes	Yes
L2114	AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated	Yes	Yes	Yes
L2116	AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated	Yes	Yes	Yes
L2126	KAFO, fx orthosis, femoral fx cast orthosis, thermoplastic type casting material, custom fabricated	Yes	Yes	Yes
L2128	KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated	Yes	Yes	Yes
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated	Yes	Yes	Yes
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated	Yes	Yes	Yes
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated	Yes	Yes	Yes
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model	Yes	Yes	Yes
L2510	Addition to lower thigh	Yes	Yes	Yes
L2520	Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted	Yes	Yes	Yes
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to pt	Yes	Yes	Yes
L2580	Addition to lower extremity, pelvic control, pelvic sling	Yes	Yes	Yes
L2627	Addition-lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint & cables	Yes	Yes	Yes
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint & cables	Yes	Yes	Yes
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable …	Yes	Yes	Yes
L2999	Lower extremity orthosis, NOS	Yes	Yes	Yes
L3000	Foot – Insert, Removable, Molded to Patient	Yes	Yes	Yes
L3160	Foot, adjustable shoe-styled positioning device	Yes	Yes	Yes
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L3649	Orthopedic shoe, modification, addition or transfer, NOS	Yes	Yes	Yes
L3677	Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment	Yes	Yes	Yes
L3678	Shoulder orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	Yes
L3720	EO, double upright w/forearm/arm cuffs, free motion, custom fabricated	Yes	Yes	Yes
L3730	EO, double upright w/forearm/arm cuffs, extension/flexion assist, custom fabricated	Yes	Yes	Yes
L3740	EO, double upright w/forearm/arm cuffs, adj position lock w/active control, custom fabricated	Yes	Yes	Yes
L3806	WHFO w/joint(s) custom fab	Yes	Yes	Yes
L3808	WHFO, rigid w/o joints	Yes	Yes	Yes
L3809	WHFO, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	Yes
L3900	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Yes	Yes	Yes
L3901	WHFO, dynamic flexor hinge, reciprocal wrist exten/flex, finger flex/exten, cable driven,custom fabricated	Yes	Yes	Yes
L3904	WHFO, external powered, electric, custom fabricated	Yes	Yes	Yes
L3906	WHO, wrist gauntlet, custom fabricated, molded to patient model	Yes	Yes	Yes
L3911	WHFO, elastic, prefabricated	Yes	Yes	Yes
L3915	WHO w nontor jnt(s) prefab	Yes	Yes	Yes
L3916	WHO, includes one or more nontorsion joint(s),prefabricated, off-the-shelf	Yes	Yes	Yes
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Yes	Yes	Yes
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Yes	Yes	Yes
L3927	FO, prefabricated, includes fitting & adjustment	Yes	Yes	Yes
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), prefabricated, off-the-shelf	Yes	Yes	Yes
L3931	WHFO nontor joint prefab	Yes	Yes	Yes
L3956	Addition of joint to upper extremity orthosis, any matieral; per joint	Yes	Yes	Yes
L3960	SEWHO, abduction positioning, airplane design, prefabricated	Yes	Yes	Yes
L3962	SEWHO, abduction positioning, Erb's palsey design, prefabricated	Yes	Yes	Yes
L3964	SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated	Yes	Yes	Yes
L3965	SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated	Yes	Yes	Yes
L3966	SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated	Yes	Yes	Yes
L3968	SEO, mobile arm support attached to wheelchair, balanced, friction arm support, prefabricated	Yes	Yes	Yes
L3969	SEO,mobile arm support,monosuspension arm&hand support,overhead elbow forearm hand sling support, yoke type suspension	Yes	Yes	Yes
L3985	Upper extremity fracture orthosis, forearm, hand w/wrist hinge, custom fabricated	Yes	Yes	Yes

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L3986	Upper extremity fracture orthosis, combo of humeral, radius/ulnar, wrist, custom fabricated	Yes	Yes	Yes
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Yes	Yes	Yes
L3999	Upper limb orthosis, not otherwise specified	Yes	Yes	Yes
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	Yes	Yes	Yes
L4010	Replace trilateral socket brim	Yes	Yes	Yes
L4020	Replace quadrilateral socket brim, molded to patient model	Yes	Yes	Yes
L4030	Replace quadrilateral socket	Yes	Yes	Yes
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Yes	Yes	Yes
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Yes	Yes	Yes
L4130	Replace pretibial shell	Yes	Yes	Yes
L4210	Repair of orthotic device, repair or replace minor parts	Yes	Yes	Yes
L4361	Walking boot, pneumatic and/or vacuum, with or without joints,prefabricated, off-the-shelf	Yes	Yes	Yes
L4387	Walking boot, non-pneumatic, with or without joints,prefabricated, off-the-shelf	Yes	Yes	Yes
L4397	Static or dynamic ankle foot orthosis, prefabricated, off-the-shelf	Yes	Yes	Yes
L5010	Partial foot, molded socket, ankle height, w/toe filler	Yes	Yes	Yes
L5020	Partial foot, molded socket, tibial tubercle height, w/toe filler	Yes	Yes	Yes
L5050	Ankle, Symes, molded socket, SACH foot	Yes	Yes	Yes
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Yes	Yes	Yes
L5100	Below knee, molded socket, shin, SACH foot	Yes	Yes	Yes
L5105	Below knee, plastic socket, joints & thigh lacer, SACH foot	Yes	Yes	Yes
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Yes	Yes	Yes
L5160	Knee disarticulation (or through knee), molded socket, bent knee config, ext knee jnts, SACH foot	Yes	Yes	Yes
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Yes	Yes	Yes
L5210	Above knee, short prosthesis, no knee joint (stubbies), w/foot blocks, no ankle joints, each	Yes	Yes	Yes
L5220	Above knee, short prosthesis, no knee jnt(stubbies), w/articulated ankle/foot,dynamically aligned,each	Yes	Yes	Yes
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Yes	Yes	Yes
L5250	Hip disarticulation,Canadian type;molded socket,hip joint,single axis constant friction knee, shin,	Yes	Yes	Yes
L5270	Hip disarticulation,tilt table type;molded socket,locking hip joint,single axis constant friction knee	Yes	Yes	Yes
L5280	Hemipelvectomy,Canadian type;molded socket,hip joint,single axis constant friction knee,shin, sach foot	Yes	Yes	Yes
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Yes	Yes	Yes
L5311	Knee disarticulation, molded socket, external knee jnts, shin, SACH foot, endoskeletal system	Yes	Yes	Yes
L5312	Knee disart, SACH ft, endo	Yes	Yes	Yes
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee,	Yes	Yes	Yes
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH	Yes	Yes	Yes
L5400	Immediate postop or early fitting, below knee, application initial rigid dressing,fitting&1cast chng	Yes	Yes	Yes
L5420	Immediate postop or early fitting,above knee,application initial rigid dressing,fitting&alignment &1cast chng AK or knee disarticulation	Yes	Yes	Yes
L5500	Initial, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed	Yes	Yes	Yes
L5505	Initial,above knee-knee disarticulation,ischial level socket,non-alignable sys,pylon,no cover,SACH foot plaster socket, direct formed	Yes	Yes	Yes
L5510	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,plaster socket,molded to model	Yes	Yes	Yes
L5520	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplatic or equal, direct formed	Yes	Yes	Yes
L5530	Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplastic or equal, molded to model	Yes	Yes	Yes
L5535	Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot,prefabricatedadjustable open end socket	Yes	Yes	Yes
L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model	Yes	Yes	Yes
L5560	Preparatory, above knee-knee disarticulation, plaster socket, ischial level socket,non-alignable systempylon, no cover, sach foot, plaster socket, molded to model	Yes	Yes	Yes
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed	Yes	Yes	Yes
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model	Yes	Yes	Yes
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket	Yes	Yes	Yes
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model	Yes	Yes	Yes
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model	Yes	Yes	Yes
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model	Yes	Yes	Yes
L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Yes	Yes	Yes
L5613	Add to lwr extrem,endoskeletal sys,above knee-knee disarticulation,4-bar linkage w/hydraulic swing phase control	Yes	Yes	Yes
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L5616	Addition to lower extremity, above knee, universal multiplex sys, friction swing phase control	Yes	Yes	Yes
L5638	Addition to Lower Extremity, Below Knee, Leather Socket	Yes	Yes	Yes
L5639	Addition to Lower Extremity, Below Knee, Wood Socket	Yes	Yes	Yes
L5643	Addition to Lower Extremity, Hip Disarticulation, Flexible Inner Socket, external frame	Yes	Yes	Yes
L5645	Addition to Lower Extremity, Below Knee, Flexible Inner Socket, External frame	Yes	Yes	Yes
L5647	Addition to Lower Extremity, Below Knee Suction Socket	Yes	Yes	Yes
L5649	Addition to Lower Extremity, Ischial Containment/Narrow M-L Socket	Yes	Yes	Yes
L5651	Addition to Lower Extremity, Above Knee, Flexible Inner Socket, External frame	Yes	Yes	Yes
L5653	Addition to Lower Extremity, Knee Disarticulation, Expandable Wall Socket	Yes	Yes	Yes
L5661	Addition to Lower Extremity, Socket Insert, Multi-Durometer Symes	Yes	Yes	Yes
L5665	Addition to Lower Extremity, Socket Insert, Multi-Durometer, Below Knee	Yes	Yes	Yes
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert	Yes	Yes	Yes
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Yes	Yes	Yes
L5677	Additions to Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair	Yes	Yes	Yes
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Yes	Yes	Yes
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)	Yes	Yes	Yes
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)	Yes	Yes	Yes
L5700	Replacement, Socket, Below Knee, Molded to Patient Model	Yes	Yes	Yes
L5701	Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment plate, molded to pt model	Yes	Yes	Yes
L5702	Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded to patient model	Yes	Yes	Yes
L5705	Replacement, Custom Shaped Protective Cover, Above Knee	Yes	Yes	Yes
L5706	Replacement, Custom Shaped Protective Cover, Knee Disarticulation	Yes	Yes	Yes
L5707	Replacement, Custom Shaped Protective Cover, Hip Disarticulation	Yes	Yes	Yes
L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	Yes
L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and stance phase control	Yes	Yes	Yes
L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	Yes
L5724	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	Yes
L5726	Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints fluid swing phase control	Yes	Yes	Yes
L5728	Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and stance phase control	Yes	Yes	Yes
L5780	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra pneumatic swing phase control	Yes	Yes	Yes
L5781	Addition lower limb prosthesis,vacuum pump, residual limb volume mngmnt&moisture evacuation system	Yes	Yes	Yes
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Yes	Yes	Yes
L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5795	Addition Exoskeletal sys, Hip Disarticulation, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock	Yes	Yes	Yes
L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ulta-light material	Yes	Yes	Yes
L5812	Addition Endoskeletal Knee-Shin sys, Single Axis, Friction Swing & stance phase control (safety knee)	Yes	Yes	Yes
L5814	Addition Endoskeletal Knee-Shin sys Polycentric Hydraulic Swing phase control, mechanical stance phase lock	Yes	Yes	Yes
L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock	Yes	Yes	Yes
L5818	Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing & stance phase control	Yes	Yes	Yes
L5822	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control	Yes	Yes	Yes
L5824	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control	Yes	Yes	Yes
L5826	Addition Endoskeletal Knee-Shin sys,Single Axis, Hydraulic Swing phase control w/miniature high activity frame	Yes	Yes	Yes
L5828	Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing & stance phase control	Yes	Yes	Yes
L5830	Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing phase control	Yes	Yes	Yes
L5840	Addition, Endoskeletal Knee/Shin System, Multiaxial, Pneumatic Swing Phase control	Yes	Yes	Yes
L5845	Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable	Yes	Yes	Yes
L5848	Addition to endoskeletal, knee-shin sys, hydraulic stance extension dampening feature w/ or w/o adj	Yes	Yes	Yes
L5859	Addition to endoskeleta lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L5930	Addition, Endoskeletal System, High Activity Knee Control Frame	Yes	Yes	Yes
L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)	Yes	Yes	Yes
L5960	Addition Endoskeletal Sys, Hip Disarticulation, Ultra-Light Material(titanium, carbon fiber or equal)	Yes	Yes	Yes
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Yes	Yes	Yes
L5964	Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface covering system	Yes	Yes	Yes
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible outer sufrace covering system	Yes	Yes	Yes
L5968	Addition to Lower Limb Prosthesis, Multiaxial Ankle w/Swing Phase Active Dorsiflexion Feature	Yes	Yes	Yes
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsifle…	Yes	Yes	Yes
L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II or equal)	Yes	Yes	Yes
L5979	All Lower Extremity Prostheses, Multiaxial Ankle/Foot, Dynamic Response foot, one piece system	Yes	Yes	Yes
L5980	All Lower Extremity Prostheses, Flex Foot System	Yes	Yes	Yes
L5981	All Lower Extremity Prostheses, Flex-Walk Systemor Equal	Yes	Yes	Yes
L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit	Yes	Yes	Yes
L5984	All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit, w/ or w/o adjustability	Yes	Yes	Yes
L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)	Yes	Yes	Yes
L5987	All Lower Extremity Prosthesis Shank Foot System w/vertical loading pylon	Yes	Yes	Yes
L5988	Addition to Lower Limb Prosthesis, Vertical Shock-Reducing Pylon Feature	Yes	Yes	Yes
L5999	Lower Extremity Prosthesis, NOS	Yes	Yes	Yes
L6010	Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (Or Equal)	Yes	Yes	Yes
L6020	Partial Hand, Robin-Aids, No Finger Remaining (Or Equal)	Yes	Yes	Yes
L6050	Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad	Yes	Yes	Yes
L6055	Wrist Disarticulation, Molded Socket with Expandable Interface, Flexible elbow hinges, triceps pad	Yes	Yes	Yes
L6100	Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad	Yes	Yes	Yes
L6110	Below Elbow, Molded Socket, (Muensteror Northwestern Suspension Type)	Yes	Yes	Yes
L6120	Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff	Yes	Yes	Yes
L6130	Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking hinge, half cuff	Yes	Yes	Yes
L6200	Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm	Yes	Yes	Yes
L6205	Elbow Disarticulation, Molded Socket with Expandable Interface, Outside locking hinges, forearm	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L6250	Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm	Yes	Yes	Yes
L6300	Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, internal locking elbow,	Yes	Yes	Yes
L6310	Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)	Yes	Yes	Yes
L6320	Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)	Yes	Yes	Yes
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Yes	Yes	Yes
L6360	Interscapular Thoracic, Passive Restoration (Complete Prosthesis)	Yes	Yes	Yes
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Yes	Yes	Yes
L6380	Immediate Post Surgicalor Early Fitting, Application of Initial Rigid dressing, wrist disarticulatio	Yes	Yes	Yes
L6382	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, elbow disarticulation	Yes	Yes	Yes
L6384	Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, shoulder diarticulation	Yes	Yes	Yes
L6400	Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	Yes
L6450	Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft prosthetic tissue shaping	Yes	Yes	Yes
L6500	Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping	Yes	Yes	Yes
L6550	Shoulder Disarticulation, Molded Socket, Endoskeletal System, Incl soft prosthetic tissue shaping	Yes	Yes	Yes
L6570	Interscapular Thoracic, Molded Socket, Endoskeletal System, Including soft prosthetic tissue shaping	Yes	Yes	Yes
L6580	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Plastic socket, molded to pt model	Yes	Yes	Yes
L6582	Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	Yes
L6584	Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Plastic socket, molded to pt model	Yes	Yes	Yes
L6586	Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Socket, direct formed, friction wrist	Yes	Yes	Yes
L6588	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall plastic socket, molded to patient model	Yes	Yes	Yes
L6590	Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall socket, direct formed,	Yes	Yes	Yes
L6611	Additional switch, ext power	Yes	Yes	Yes
L6624	Flex/ext/rotation wrist unit	Yes	Yes	Yes
L6638	Upper extremity addition prosthesis, electic locking feature, only for use w/manually powered elbow	Yes	Yes	Yes
L6639	Heavy duty elbow feature	Yes	Yes	Yes
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adj abduction friction control	Yes	Yes	Yes
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Yes	Yes	Yes
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Yes	Yes	Yes
L6686	Upper Extremity Addition, Suction Socket	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L6689	Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation	Yes	Yes	Yes
L6690	Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic	Yes	Yes	Yes
L6693	Upper extremity addition locking elbow forearm counter balance	Yes	Yes	Yes
L6703	Term dev, passive hand mitt	Yes	Yes	Yes
L6704	Term dev, sport/rec/work att	Yes	Yes	Yes
L6706	Term dev mech hook vol open	Yes	Yes	Yes
L6707	Term dev mech hook vol close	Yes	Yes	Yes
L6708	Term dev mech hand vol open	Yes	Yes	Yes
L6709	Term dev mech hand vol close	Yes	Yes	Yes
L6711	Ped term dev, hook, vol open	Yes	Yes	Yes
L6712	Ped term dev, hook, vol clos	Yes	Yes	Yes
L6713	Ped term dev, hand, vol open	Yes	Yes	Yes
L6714	Ped term dev, hand, vol clos	Yes	Yes	Yes
L6715	Term device, multi art digit	Yes	Yes	Yes
L6721	Hook/hand, hvy dty, vol open	Yes	Yes	Yes
L6722	Hook/hand, hvy dty, vol clos	Yes	Yes	Yes
L6880	Elec hand ind art digits	Yes	Yes	Yes
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device	Yes	Yes	Yes
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	Yes	Yes	Yes
L6900	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,thumb or 1 finger remaining	Yes	Yes	Yes
L6905	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,multiple fingers remaining	Yes	Yes	Yes
L6910	Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,no fingers remaining	Yes	Yes	Yes
L6915	Hand Restoration (Shading, and Measurements Included), Replacement Glove for above	Yes	Yes	Yes
L6920	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch,	Yes	Yes	Yes
L6925	Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic	Yes	Yes	Yes
L6930	Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, switch control of terminal	Yes	Yes	Yes
L6935	Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic control	Yes	Yes	Yes
L6940	Elbow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	Yes
L6945	Elbow Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoeletronic control	Yes	Yes	Yes
L6950	Above Elbow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch ontrol of terminal device	Yes	Yes	Yes
L6955	Above Elbow,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes,myoelectronic control of terminal	Yes	Yes	Yes
L6960	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
L6965	Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronictronic	Yes	Yes	Yes
L6970	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal switch,switch control of terminal device	Yes	Yes	Yes
L6975	Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control of terminal	Yes	Yes	Yes
L7007	Adult electric hand	Yes	Yes	Yes
L7008	Pediatric electric hand	Yes	Yes	Yes
L7009	Adult electric hook	Yes	Yes	Yes
L7040	Prehensile Actuator, Hosmer or Equal, Switch Controlled	Yes	Yes	Yes
L7045	Electronic Hook, Child, Michigan or Equal, Switch Controlled	Yes	Yes	Yes
L7170	Electronic Elbow, Hosmer or Equal, Switch Controlled	Yes	Yes	Yes
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Yes	Yes	Yes
L7185	Electronic elbow, adolescent, variety village or equal, switch controlled	Yes	Yes	Yes
L7186	Electronic elbow, child, variety village or equal, switch controlled	Yes	Yes	Yes
L7190	Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically controlled	Yes	Yes	Yes
L7191	Electronic Elbow, Child, Variety Village/Equal, Myoelectronically Controlled	Yes	Yes	Yes
L7266	Servo Control, Steeper or Equal	Yes	Yes	Yes
L7272	Analogue Control, UNB or Equal	Yes	Yes	Yes
L7274	Proportional Control, 6-12 volt, Liberty, Utah or Equal	Yes	Yes	Yes
L7368	Lithiumion battery charger	Yes	Yes	Yes
L7499	Upper extremity prosthesis, not otherwise specified	Yes	Yes	Yes
L7510	Repair of prosthetic device, repair or replace minor parts	Yes	Yes	Yes
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	Yes	Yes	Yes
L8031	Breast prosthesis, silicone or equal, with integral adhesive	Yes	Yes	Yes
L8032	Nipple prosthesis, reusable, any type, each	Yes	Yes	Yes
L8035	Custom breast prosthesis post mastectomy molded to patient model	Yes	Yes	Yes
L8039	Breast Prosthesis, NOS	Yes	Yes	Yes
L8210	Gradient compression stocking, custom made	Yes	Yes	Yes
L8499	Unlisted Procedure for Miscellaneous Prosthetic Services	Yes	Yes	Yes
L8505	Artificial larynx replacement battery/accessory, any type	Yes	Yes	Yes
L8603	Collagen implant, urinary tract, per 2.5 cc syringe	Yes	Yes	Yes
L8604	Dextranomer/hyaluronic acid	Yes	Yes	Yes
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe	Yes	Yes	Yes
L9900	Orthotic and prosthetic supply, accessory, and/or service comonent of another HCPCS L code	Yes	Yes	Yes
NEMT1	All inclusive Non-Emergency Medical Transportation	Yes	Yes	Yes
PTNET	All inclusive In-Home Physical Therapy Assessment for Non-Emergency Medical Transportation	Yes	Yes	Yes
Q0138	Ferumoxytol (Feraheme) for treatment of iron deficiency anemia, 1 mg (non-esrd use)	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
Q0139	Ferumoxytol (Feraheme) for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	Yes	Yes	Yes
Q2043	Sipuleucel-T 250ml	Yes	Yes	Yes
Q2044	Belimumab (Benlysta), 10mg	Yes	Yes	Yes
Q2048	Doxorubicin Hci Lip Doxil Inj 10 Mg	Yes	Yes	Yes
Q2049	Dox Hci Lip Imprt Lipodox Inj 10 Mg	Yes	Yes	Yes
Q2050	Doxorubicin HCL Liposomal 10mg	Yes	Yes	Yes
Q3014	Telehealth originating site facility fee	Yes	Yes	Yes
Q4081	Injection, epoetin alfa, for ESRD on dialysis, 100 units	Yes	Yes	Yes
Q4100	Skin substitute, NOS	Yes	Yes	Yes
Q4101	Apligraf skin sub	Yes	Yes	Yes
Q4102	Oasis wound matrix skin sub	Yes	Yes	Yes
Q4103	Oasis burn matrix skin sub	Yes	Yes	Yes
Q4104	Integra BMWD skin sub	Yes	Yes	Yes
Q4105	Integra DRT skin sub	Yes	Yes	Yes
Q4106	Dermagraft skin sub	Yes	Yes	Yes
Q4107	Graftjacket skin sub	Yes	Yes	Yes
Q4108	Integra matrix skin sub	Yes	Yes	Yes
Q4109	Tissuemend skin sub	Yes	Yes	Yes
Q4110	Primatrix skin sub	Yes	Yes	Yes
Q4111	Gammagraft skin sub	Yes	Yes	Yes
Q4112	Cymetra allograft	Yes	Yes	Yes
Q4113	Graftjacket express allograf	Yes	Yes	Yes
Q4114	Integra flowable wound matri	Yes	Yes	Yes
Q4116	Skin substitute, alloderm, per square centimeter	Yes	Yes	Yes
Q4117	Hyalomatrix, per square centimeter	Yes	Yes	Yes
Q4118	Matristem micromatrix, 1 mg	Yes	Yes	Yes
Q4119	Martistem wound matrix, per square centimeter	Yes	Yes	Yes
Q4120	Martistem burn matrix, per square centimeter	Yes	Yes	Yes
Q4121	Theraskin, per square centimeter	Yes	Yes	Yes
Q4131	EpiFix, per sq cm	Yes	Yes	Yes
Q4132	Grafix core, per sq cm	Yes	Yes	Yes
Q4133	Grafix prime, per sq cm	Yes	Yes	Yes
Q4134	HMatrix, per sq cm	Yes	Yes	Yes
Q4135	Mediskin, per sq cm	Yes	Yes	Yes
Q4136	E-Z Derm, per sq cm	Yes	Yes	Yes
Q4159	Affinity, per square centimeter	Yes	Yes	Yes
Q4160	Nushield, per square centimeter	Yes	Yes	Yes
Q5101	Filgrastim Granulocyte Colony-Stimulating Factor, Biosimilar, 1 microgram	Yes	Yes	Yes
Q5102	Injection, infliximab biosimilar	Yes	Yes	Yes
Q9980	Genvisc, Injection 1mg	Yes	Yes	Yes
Q9985	Hydroxyprogesterone Caproate, NOS, 10mg	Yes	Yes	Yes
Q9986	Hydroxyprogesterone Caproate(Makena), 10mg	Yes	Yes	Yes
S100C	Therapeutic seat cushion and /or positioning system 1.0 hour	Yes	Yes	Yes
S101C	Custom foam/molded cushion 1.25 hour	Yes	Yes	Yes
S102C	Manual wheelchair with or without Therapeutic cushion 1.5 hour	Yes	Yes	Yes
S103C	Manual wheelchair with positioning system with or without therapeutic cushion 2.75 hours	Yes	Yes	Yes
S1040	Cranial remolding orthosis, rigid, w/soft interface material	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
S104C	Power wheelchair with or without therapeutic cushion (2.0 houe)	Yes	Yes	Yes
S105C	Power wheelchair with power tilt/recline or specialized driving controls 3.0 hour 1.0 hour occ the.	Yes	Yes	Yes
S202C	Manual wheelchair with or without therapeutic cushion (.5 hour)	Yes	Yes	Yes
S204C	Power wheelchair with or withour therapeutic cushion and /orpostitioning system .5 hour	Yes	Yes	Yes
S2118	Total hip resurfacing	Yes	Yes	Yes
S300C	Initial In-Home Assessment for Custom DME	Yes	Yes	Yes
S301C	Post-Fit Assessment for Custom DME	Yes	Yes	Yes
S302C	Clinical Record Assessment for Custom DME	Yes	Yes	Yes
S3713	Kras mutation analysis testing	Yes	Yes	Yes
S3820	Comp BRCA1 / BRCA2	Yes	Yes	Yes
S3823	Three-mutation BRCA1 and BRCA2 analysis for susceptibility to breast and ovarian cancer in Ashkenazi individuals	Yes	Yes	Yes
S3860	Genet test cardiac ion-comp	Yes	Yes	Yes
S3862	Genet test cardiac ion-spec	Yes	Yes	Yes
S5110	Homecare training, FM, 15 minutes	Yes	Yes	Yes
S8130	Interferential stim 2 chan	Yes	Yes	Yes
S8131	Interferential stim 4 chan	Yes	Yes	Yes
S9349	HIT Tocolytic infusion Per Diem	Yes	Yes	Yes
T1014	Telehealth transmission, per minute, professional services bill separately	Yes	Yes	Yes
T2022	Case Management, per month	Yes	Yes	Yes
T2028	Special supply, NOS waiver	Yes	Yes	Yes
T2039	Vehicle mod waiver / service	Yes	Yes	Yes
T5001	Positioning seat for persons s/ special orthopedic needs, for use in vehicles	Yes	Yes	Yes
V5010	Assessment for hearing aid	Yes	Yes	Yes
V5014	Repair/Modification of A Hearing Aid	Yes	Yes	Yes
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction	Yes	Yes	Yes
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction	Yes	Yes	Yes
V5050	Hearing aid, monaural, in the ear	Yes	Yes	Yes
V5060	Hearing aid, monaural, behind the ear	Yes	Yes	Yes
V5070	Glasses, Air Conduction	Yes	Yes	Yes
V5080	Glasses, Bone Conduction	Yes	Yes	Yes
V5120	Binaural, Body	Yes	Yes	Yes
V5130	Binaural, in the ear	Yes	Yes	Yes
V5140	Binaural, behind the ear	Yes	Yes	Yes
V5150	Binaural, Glasses	Yes	Yes	Yes
V5170	Hearing Aid, Cros, In the Ear	Yes	Yes	Yes
V5180	Hearing Aid, Cros, Behind the Ear	Yes	Yes	Yes
V5190	Hearing Aid, Cros, Glasses	Yes	Yes	Yes
V5210	Hearing Aid, Bicros, In the Ear	Yes	Yes	Yes
V5220	Hearing Aid, Bicros, Behind the Ear	Yes	Yes	Yes
V5230	Hearing Aid, Bicros, Glasses	Yes	Yes	Yes
V5264	Ear mold/insert, not disposable, any type	Yes	Yes	Yes
V5265	Ear mold/insert, disposable, any type	Yes	Yes	Yes
V5267	Hearing aid supplies/accessories	Yes	Yes	Yes
V5298	Hearing aid not otherwise classified	Yes	Yes	Yes
X3900	Single Modality to one area - initial 30 minutes	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
X3902	Physical Therapy: single modality one area - each additional 15 minutes	Yes	Yes	Yes
X3904	Physical Therapy:single procedure to one area initial 30 minutes	Yes	Yes	Yes
X3906	Single procedure to one area - each additional 15 minutes	Yes	Yes	Yes
X3908	Treatment including combination of any modalities and procedures one or more areas - initial 30 min	Yes	Yes	Yes
X3910	Treatment including a combination of any modalities and procedures one or more areas - each	Yes	Yes	Yes
X3912	Hubbard Tank - initial 30 minutes	Yes	Yes	Yes
X3914	Hubbard Tank each additional 15 minutes	Yes	Yes	Yes
X3916	Hubbard Tank or pool therapy with therapeutic exercise initial 30 minutes.	Yes	Yes	Yes
X3918	Hubbard Tank or pool therapy with therapeutic exercise initial 15 minutes.	Yes	Yes	Yes
X3920	Any of the tests and measurements initial 30 minutes, plus reports.	Yes	Yes	Yes
X3922	Any of the tests and measurements each additional 15 minutes, plus reports	Yes	Yes	Yes
X3924	Physical therapy preliminary evaluation rehabilitation center, SNF, ICF.	Yes	Yes	Yes
X3926	Case conference and report intial 30 minutes.	Yes	Yes	Yes
X3928	Case consultation and report.	Yes	Yes	Yes
X3930	Case conference and report each additional 15 minutes.	Yes	Yes	Yes
X3932	Home or long term care facility visit - add.	Yes	Yes	Yes
X3934	Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home).	Yes	Yes	Yes
X3936	Unlisted Services.	Yes	Yes	Yes
X4100	Evaluation - initial 30 minutes, plus report.	Yes	Yes	Yes
X4102	Evaluation each additional 15 minutes, plus report.	Yes	Yes	Yes
X4104	Case conference and report initial 30 minutes.	Yes	Yes	Yes
X4106	Case conference and report each additional 30 minutes.	Yes	Yes	Yes
X4108	Occupational Therapy preliminary evaluation rehabilitation,Nursing Facility (NF) B, NF-A.	Yes	Yes	Yes
X4110	Treatment initial 30 minutes.	Yes	Yes	Yes
X4112	Treatment each additional 15 minutes.	Yes	Yes	Yes
X4114	Occupational Therapy -home or long term fac.visit -add	Yes	Yes	Yes
X4116	Mileage per mile one way beyond a 10 mile radius or usual hospital base.	Yes	Yes	Yes
X4118	Unlisted Services.	Yes	Yes	Yes
X4120	Case consultation and report.	Yes	Yes	Yes
X4300	Language Evaluation	Yes	Yes	Yes
X4301	Speech Evaluation	Yes	Yes	Yes
X4303	Speech-Lnguage therapy,individual,per hour(following procedures x4300or x4301)	Yes	Yes	Yes
X4304	Speech-Language therapy,individual, 1/2 hour	Yes	Yes	Yes
X4306	Out of office call (payable only for visit to the first patient receiving serices at any given location on the same day	Yes	Yes	Yes
X4308	Speech therapy preliminary evaluation , rehabilitation, SNF,ICF,	Yes	Yes	Yes
X4310	Speech generating device (SGD) - related bundled speech therapy services, per	Yes	Yes	Yes
X4312	Speech generating device (SGD) – recipient assessment	Yes	Yes	Yes
X4320	Unlisted speech therapy services	Yes	Yes	Yes

Code	Procedure Description	CCN Medi-Cal *Specialist*	CCN OCC *Specialist*	COD-A
X4500	Audiological Evaluation	Yes	Yes	Yes
X4530	Impedeance Audiometry	Yes	Yes	Yes
Z3616	Monthly Case Evaluation - Extension of Treatment Plan	Yes	Yes	Yes
Z5802	EPSDT: Dietician	Yes	Yes	Yes
Z5804	EPSDT: Registered Nurse (Individual)	Yes	Yes	Yes
Z5805	EPSDT: Shared Nursing, Regestired Nurse	Yes	Yes	Yes
Z5806	EPSDT: Licensed Vocational Nurse (Individual)	Yes	Yes	Yes
Z5807	EPSDT: Shared Nursing, Licensed Vocational Nurse	Yes	Yes	Yes
Z5832	EPSDT: Registered Nurse (HHA)	Yes	Yes	Yes
Z5833	EPSDT: Shared Nursing, Regestired Nurse (HHA Hourly)	Yes	Yes	Yes
Z5834	EPSDT: Licensed Vocational Nurse (HHA)	Yes	Yes	Yes
Z5835	EPSDT: Shared Nursing, Licensed Vocational Nurse (HHA Hourly)	Yes	Yes	Yes
Z5836	EPSDT: Registered Nurse providing supervision (HHA)	Yes	Yes	Yes
Z5838	EPSDT: Home Health Aide (HHA)	Yes	Yes	Yes
Z7606	Hyperbaric oxygen chamber 1st 15 min atmos abs	Yes	Yes	Yes
Z7608	Hyperbaric oxygen chamber each subseq 15 min	Yes	Yes	Yes