<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
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<th>COD Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>0213T</td>
<td>Epidural Steroid and Facet injection</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0214T</td>
<td>Injection(s), diagnostic or therapeutic</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0215T</td>
<td>Epidural Steroid and Facet injection</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0216T</td>
<td>Epidural steroid and facet injection</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0217T</td>
<td>Epidural steroid and Facet injection</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
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<tr>
<td>0218T</td>
<td>Epidural Steroid and Facet injection</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
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<tr>
<td>0228T</td>
<td>Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance cervical or thoracic</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0229T</td>
<td>Injection, anesthetic agent and/or steroid transforaminal epidural with ultrasound guidance add'l</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
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<tr>
<td>0230T</td>
<td>Injection, anesthetic agent and/or steroid transforaminal epidural, with US guidance lumbar or sacral</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
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<tr>
<td>0231T</td>
<td>Injection, anesthetic agent and/or steroid, transforaminal epidural, with US guidance, lumbar or sacral</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>0656/T2045</td>
<td>Hospice service, general inpatient care (no respite)/ Hospice general care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15821</td>
<td>Blepharoplasty, lower eyelid, w/ extensive herniated fat pad</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>15822</td>
<td>Blepharoplasty, upper eyelid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>15823</td>
<td>Rhytidectomy w/ excess skin on lids</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>17311</td>
<td>Mohs, 1 stage, h/n/h/f/g</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>17312</td>
<td>Mohs addl stage</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17313</td>
<td>Mohs, 1 stage, t/a/l</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17314</td>
<td>Mohs, addl stage, t/a/l</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>17315</td>
<td>Mohs surg, addl block</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>19300</td>
<td>Mastectomy for gynecomastia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19318</td>
<td>Reduction mammoplasty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>19324</td>
<td>Mammoplasty, augmentation; w/o prosthetic implant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>19325</td>
<td>Mammoplasty, augmentation; w/ prosthetic implant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>19328</td>
<td>Removal of intact mammary implant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>19330</td>
<td>Removal of mammary implant material, unilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>20932</td>
<td>Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>20933</td>
<td>Allograft, includes templating, cutting, placement and internal fixation, when performed; hemiarticular intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>20934</td>
<td>Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21127</td>
<td>Augment mand ble body/ankle w/ bone graft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21137</td>
<td>Reduction forehead; contouring only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21138</td>
<td>Reduction forehead; contouring and application of prosthetic material or bone graft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21139</td>
<td>Reduction forehead; contouring and setback of anterior frontal sinus wall</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>21193</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/o bone graft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21194</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/ bone graft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21208</td>
<td>Osteoplasty, facial bones; augmentation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>21209</td>
<td>Osteoplasty, facial bones; reduction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>22532</td>
<td>Arthrodesis, thoracic, lateral extracavitary technique, incl minimal disectomy to prepare interspace</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22533</td>
<td>Arthrodesis, lumbar, lateral extracavitary technique, incl minimal disectomy to prepare interspace</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22586</td>
<td>Arthrodesis, pre-sacral, including disc space preparation, discectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>22633</td>
<td>Lumbar spine fusion combined</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22634</td>
<td>Spine fusion extra segment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22856</td>
<td>Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>22861</td>
<td>Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace, Cervical</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>22864</td>
<td>Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace, Cervical</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>23473</td>
<td>Revision of total shoulder arthroplasty w/ allograft; humeral or glenoid component</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>23474</td>
<td>Revision of total shoulder arthroplasty w/ allograft; humeral and glenoid component</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>24370</td>
<td>Revision of total elbow arthroplasty, w/ allograft; humeral or ulnar component</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>24371</td>
<td>Revision of total elbow arthroplasty, w/ allograft; humeral and ulnar component</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>27130</td>
<td>Arthroplasty, acetabular and proximal femoral prosthetic replacement, w/ or w/o autograft or allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27132</td>
<td>Conversion of previous hip surgery to total hip arthroplasty, w/ or w/o autograft or allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>27134</td>
<td>Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27137</td>
<td>Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27138</td>
<td>Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27445</td>
<td>Arthroplasty, knee, hinge prosthesis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27612</td>
<td>Arthrotony ankle w/ post release</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>27759</td>
<td>Open treatment of tibial shaft fracture by intramedullary implant, w/ or w/o interlocking screws and/or cerclage</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>30420</td>
<td>Rhinoplasty, primary; including major septal repair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>30520</td>
<td>Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>32851</td>
<td>Lung transplant, single; w/o cardiopulmonary bypass</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>32852</td>
<td>Lung transplant, single; w/ cardiopulmonary bypass</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>32853</td>
<td>Lung transplant, double; w/o cardiopulmonary bypass</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>32854</td>
<td>Lung transplant, double; w/ cardiopulmonary bypass</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>33285</td>
<td>Insertion, subcutaneous cardiac rhythm monitor, including programming</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<tr>
<td>33289</td>
<td>Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>33440</td>
<td>Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>33866</td>
<td>Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>36299</td>
<td>Unlisted procedure, vascular injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>36465</td>
<td>Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36466</td>
<td>Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36470</td>
<td>Injection of sclerosing solution; single incompetent vein (other than telangiectasia)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36471</td>
<td>Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36473</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36474</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36475</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36476</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36478</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36479</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36482</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>36483</td>
<td>Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37241</td>
<td>Vasc embolize/occlude venous</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37242</td>
<td>Vasc embolize/occlude artery</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37243</td>
<td>Vasc embolize/occlude organ</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37244</td>
<td>Vasc embolize/occlude bleed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37700</td>
<td>Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<tr>
<td>37718</td>
<td>Ligation, division, and stripping, short saphenous vein (for bilateral procedure, use modifier 50)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37722</td>
<td>Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37735</td>
<td>Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37760</td>
<td>Ligation of perforators veins, subfascial, radical (Linton type) including skin graft, when performed, open, 1 leg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37761</td>
<td>Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37765</td>
<td>Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37766</td>
<td>Stab phlebectomy of varicose veins, one extremity; more than 20 incisions</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37780</td>
<td>Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37785</td>
<td>Ligation, division, and/or excision of varicose vein cluster(s), one leg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>37799</td>
<td>Unlisted procedure, vascular surgery</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38230</td>
<td>Bone marrow harvesting for transplantation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38232</td>
<td>Bone marrow harvest autolog</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38240</td>
<td>Bone marrow transplantation; allogenic</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38241</td>
<td>Bone marrow transplant; autologous</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38242</td>
<td>Lymphocyte Infuse Transplant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38243</td>
<td>Transplant, Hematopoietic cell boost</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>38531</td>
<td>Biopsy or excision of lymph node(s); open, inguinofermal node(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43644</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43645</td>
<td>with gastric bypass and small intestine reconstruction to limit absorption</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43770</td>
<td>placement of adjustable gastric band (gastric band and subcutaneous port components)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43771</td>
<td>revision of adjustable gastric band component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43772</td>
<td>removal of adjustable gastric band component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43773</td>
<td>removal and replacement of adjustable gastric band component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43774</td>
<td>removal of adjustable gastric band and subcutaneous port components</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43775</td>
<td>Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43842</td>
<td>Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43843</td>
<td>other than vertical-banded gastroplasty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43845</td>
<td>Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (150-100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43846</td>
<td>Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43847</td>
<td>with small intestine reconstruction to limit absorption</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43848</td>
<td>Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43849</td>
<td>Gastric restrictive procedure, open; revision of subcutaneous port component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43887</td>
<td>removal of subcutaneous port component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>43888</td>
<td>Removal and replacement of subcutaneous port component only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>45378</td>
<td>Colonoscopy, flexible; diagnostic (Under age of 50)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>45380</td>
<td>Colonoscopy, flexible; with biopsy (Under age of 50)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>47135</td>
<td>Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>49560</td>
<td>Repair initial incisional or ventral hemia; reducible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
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<tr>
<td>49565</td>
<td>Repair recurrent incisional or ventral hernia; reducible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>49652</td>
<td>Laparoscopy, Surgical, Repair, Ventral, Umbilical, Spigelian or Epigastric Hernia; Reducible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>49654</td>
<td>Laparoscopy, Surgical, Repair, Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>49656</td>
<td>Laparoscopy, Surgical, Repair, Recurrent Incisional Hernia (Includes Mesh Insertion, When Performed); Reducible</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50360</td>
<td>Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50365</td>
<td>Renal allotransplantation, implantation of graft; w/ recipient nephrectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50370</td>
<td>Removal of transplanted renal allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50380</td>
<td>Renal auto transplantation, reimplantation of kidney</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50436</td>
<td>Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>50437</td>
<td>Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>53854</td>
<td>Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58150</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58152</td>
<td>Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpopo- urethrocytectomy (eg, Marshall-Marchetti-Krantz, Burch)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58180</td>
<td>Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58200</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58210</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58260</td>
<td>Vaginal hysterectomy, for uterus 250 g or less;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58262</td>
<td>Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58263</td>
<td>Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocoe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58267</td>
<td>Vaginal hysterectomy, for uterus 250 g or less; with colpopo- urethrocytectomy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58270</td>
<td>Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocoe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58275</td>
<td>Vaginal hysterectomy, with total or partial vaginectomy;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58280</td>
<td>Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocoe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58285</td>
<td>Vaginal hysterectomy, radical (Schauta type operation)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58290</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58291</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58292</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocoe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58293</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g; with colpopo- urethrocytectomy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58294</td>
<td>Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocoe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58541</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
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</tr>
<tr>
<td>58542</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58543</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58544</td>
<td>Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58548</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58550</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58552</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58553</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58554</td>
<td>Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58570</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58571</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58572</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58573</td>
<td>Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>58575</td>
<td>Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61796</td>
<td>Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Simple Cranial Lesion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61797</td>
<td>Stereotactic Radiosurgery; Each Additional Cranial Lesion, Simple (List Sep)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61798</td>
<td>Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Complex Cranial Lesion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61799</td>
<td>Stereotactic Radiosurgery; Each Additional Cranial Lesion, Complex (List Sep)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61800</td>
<td>Application of Stereotactic Headframe for Stereotactic Radiosurgery (List Sep)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61867</td>
<td>Twist drill, burr hole, craniotomy/craniectomy w/stereotactic implant neurostimulator electrode array</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>61885</td>
<td>Insertion or placement of cranial neurostimulator pulse generator or reciever, direct or indirect coupling; with connection to a single electrode array</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62320</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62321</td>
<td>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; with imaging guidance (ie, fluoroscopy or CT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62322</td>
<td>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 (ie, fluoroscopy or CT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62323</td>
<td>Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62324</td>
<td>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, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>62325</td>
<td>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, interlamellar epidural or subarachnoid, cervical or thoracic, with imaging guidance (ie, fluoroscopy or CT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62326</td>
<td>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, interlamellar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>62327</td>
<td>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, interlamellar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>63101</td>
<td>Vertebral corpectomy, thoracic, partial/complete, lat extracavitary approach w/decomp spinal cord/n</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>63102</td>
<td>Vertebral corpectomy, lumbar, partial/complete, lat extracavitary approach w/decomp spinal cord/n</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>63103</td>
<td>Vertebral corpectomy, thoracic or lumbar, each additional segment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>63620</td>
<td>Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Spinal Lesion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>63621</td>
<td>Stereotactic Radiosurgery; Each Additional Spinal Lesion (List Separately In Addition To Code for Primary Procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64479</td>
<td>Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64480</td>
<td>Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64483</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64484</td>
<td>Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (list separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64490</td>
<td>Facet joint injections, Occipital nerve, medial branch block</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64491</td>
<td>Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64492</td>
<td>Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures Spinal Nerves and Branches</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64493</td>
<td>Facet injection unilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64494</td>
<td>Facet Injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64495</td>
<td>Facet injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64702</td>
<td>Neuroplasty; digital, one or both, same digit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64704</td>
<td>Neuroplasty; nerve of hand or foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64708</td>
<td>Neuroplasty, major peripheral nerve, arm or leg; other than specified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64712</td>
<td>Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64713</td>
<td>Neuroplasty, major peripheral nerve, arm or leg; brachial plexus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64714</td>
<td>Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64716</td>
<td>Neuroplasty and/or transposition; cranial nerve</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64718</td>
<td>Neuroplasty and/or transposition; ulnar nerve at elbow</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64719</td>
<td>Neuroplasty and/or transposition; ulnar nerve at wrist</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64721</td>
<td>Neuroplasty and/or transposition; median nerve at carpal tunnel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64722</td>
<td>Decompression; unspecified nerve(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64726</td>
<td>Decompression; plantar digital nerve</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>64727</td>
<td>Internal neurolysis, requiring use of operating microscope</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>65780</td>
<td>Ocular surface reconstruction; amniotic membrane transplantation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td>Code</td>
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<tr>
<td>65781</td>
<td>Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>65782</td>
<td>Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>67902</td>
<td>Eyelid repair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>67912</td>
<td>Correction of lagophthalmos, w/implantation of upper eyelid lid load (eg, gold weight)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>68371</td>
<td>Harvesting conjunctival allograft, living donor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>69930</td>
<td>Cochlear device implantation, w/ or w/o mastoidectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70540</td>
<td>Magnetic resonance imaging, orbit/face/neck; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70542</td>
<td>Magnetic resonance imaging, orbit/face/neck; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70543</td>
<td>Magnetic resonance imaging, orbit/face/neck; w/o contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70544</td>
<td>Magnetic resonance angiography, head; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70545</td>
<td>Magnetic resonance angiography, head; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70546</td>
<td>Magnetic resonance angiography, head; w/ contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70547</td>
<td>Magnetic resonance angiography, neck; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70548</td>
<td>Magnetic resonance angiography, neck; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70549</td>
<td>Magnetic resonance angiography, neck; w/o contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70551</td>
<td>Magnetic resonance imaging, brain; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70552</td>
<td>Magnetic resonance imaging, brain; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70553</td>
<td>Magnetic resonance imaging, brain; w/o contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70555</td>
<td>Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neuro functional testing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70557</td>
<td>Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70558</td>
<td>Magnetic resonance imaging, brain, during open intracranial procedure; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>70559</td>
<td>Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>71550</td>
<td>Magnetic resonance angiography, chest; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>71551</td>
<td>Magnetic resonance angiography, chest; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>71552</td>
<td>Magnetic resonance angiography, chest; w/o contrast material, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>71555</td>
<td>Magnetic resonance imaging angio chest w or w/o dye</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72141</td>
<td>Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72142</td>
<td>Magnetic resonance imaging, spinal canal and contents, cervical; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72146</td>
<td>Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72147</td>
<td>Magnetic resonance imaging, spinal canal and contents, thoracic; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72148</td>
<td>Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72149</td>
<td>Magnetic resonance imaging, spinal canal and contents, lumbar; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72156</td>
<td>Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72157</td>
<td>Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72158</td>
<td>Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72159</td>
<td>Magnetic resonance angiography spine w/o &amp; w/ dye</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72195</td>
<td>Magnetic resonance imaging, pelvis; w/o contrast materials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72196</td>
<td>Magnetic resonance imaging, pelvis; w/ contrast materials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<tr>
<td>72197</td>
<td>Magnetic resonance imaging, pelvis; w/o contrast materials, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>72198</td>
<td>Magnetic resonance angio pelvis w/o &amp; w/ dye</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73218</td>
<td>Magnetic resonance imaging, upper extremity other than joint; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73219</td>
<td>Magnetic resonance imaging, upper extremity other than joint; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73220</td>
<td>Magnetic resonance imaging, upper extremity other than joint; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73221</td>
<td>Magnetic resonance imaging, any joint of upper extremity; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73222</td>
<td>Magnetic resonance imaging, any joint of upper extremity; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73223</td>
<td>Magnetic resonance imaging, any joint of upper extremity; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73225</td>
<td>Magnetic resonance angio upper extr w/o &amp; w/ dye</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73718</td>
<td>Magnetic resonance imaging, lower extremity other than joint; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73719</td>
<td>Magnetic resonance imaging, lower extremity other than joint; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73720</td>
<td>Magnetic resonance imaging, lower extremity other than joint; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73721</td>
<td>Magnetic resonance imaging, any joint of lower extremity; w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73722</td>
<td>Magnetic resonance imaging, any joint of lower extremity; w/ contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73723</td>
<td>Magnetic resonance imaging, any joint of lower extremity; w/o contrast material, followed by contrast material(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>73725</td>
<td>Magnetic resonance angio lwr ext w/ or w/o dye</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>74181</td>
<td>Magnetic resonance imaging, abdomen; w/o contrast materials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>74182</td>
<td>Magnetic resonance imaging, abdomen; w/ contrast materials</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>74183</td>
<td>Magnetic resonance imaging, abdomen; w/o contrast materials, followed by contrast material(s) and further sequences</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>74185</td>
<td>Magnetic resonance angiography, abdomen, w/ or w/o contrast material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>76391</td>
<td>Magnetic resonance (eg, vibration) elastography</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>76978</td>
<td>Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>76979</td>
<td>Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>77046</td>
<td>Magnetic resonance imaging, breast, without contrast material; unilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>77047</td>
<td>Magnetic resonance imaging, breast, without contrast material; bilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>77048</td>
<td>Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>77049</td>
<td>Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78804</td>
<td>Radiopharm localization tumor/distribution radiopharm agent(s); whole body, req 2 or more days</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78811</td>
<td>Tumor imaging, positron emission tomography (PET); limited area (e.g. chest, head/neck)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78812</td>
<td>Tumor imaging, positron emission tomography (PET); skull base to mid thigh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78813</td>
<td>Tumor imaging, positron emission tomography (PET); whole body</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78814</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>78815</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>78816</td>
<td>Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., whole body)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>79043</td>
<td>Radiopharm therapy, radiolabeled monoclonal antibody by IV infusion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81105</td>
<td>Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein llb], antigen CD61 [GPIIla]), gene analysis, common variant, HPA-1a/b (L33P)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81106</td>
<td>Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein lb [platelet], alpha polypeptide [GPIb]), gene analysis, common variant, HPA-2a/b (T145M)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81107</td>
<td>Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein llb of llb/llla complex], antigen CD41 [GPIlb]), gene analysis, common variant, HPA-3a/b (I843S)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81108</td>
<td>Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein llb], antigen CD61 [GPIIla]), gene analysis, common variant, HPA-4a/b (R143Q)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81109</td>
<td>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))</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81110</td>
<td>Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein llb, antigen CD61] [GPIIla]), gene analysis, common variant, HPA-6a/b (R489Q)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81111</td>
<td>Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein llb of llb/llla complex, antigen CD41] [GPIlb]), gene analysis, common variant, HPA-9a/b (V837M)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81112</td>
<td>Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule), gene analysis, common variant, HPA-15a/b (S682Y)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81120</td>
<td>IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81121</td>
<td>IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81162</td>
<td>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81163</td>
<td>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81164</td>
<td>BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81165</td>
<td>BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
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<td>81166</td>
<td>BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81167</td>
<td>BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81171</td>
<td>AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81172</td>
<td>AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81173</td>
<td>AR (androgen receptor) (eg, spinal and bulb muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81174</td>
<td>AR (androgen receptor) (eg, spinal and bulb muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81175</td>
<td>ASXL1 (additional sex combs l ke 1, transcriptional regulator), gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81176</td>
<td>ASXL1 (additional sex combs l ke 1, transcriptional regulator), gene analysis; targeted sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81177</td>
<td>ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81178</td>
<td>ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81179</td>
<td>ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81180</td>
<td>ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81181</td>
<td>ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81182</td>
<td>ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81183</td>
<td>ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81184</td>
<td>CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81185</td>
<td>CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81186</td>
<td>CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81187</td>
<td>CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81188</td>
<td>CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81189</td>
<td>CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81190</td>
<td>CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)</td>
<td>Yes</td>
<td>Yes</td>
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<td>81201</td>
<td>APC (adenomatous polyposis coli) full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81202</td>
<td>APC (adenomatous polyposis coli) known familial variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81203</td>
<td>APC (adenomatous polyposis coli); duplication/deletion variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81204</td>
<td>AR (androgen receptor) (eg, spinal and bulb muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81206</td>
<td>Bcr/abl1 gene major bp</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81207</td>
<td>Bcr/abl1 gene minor bp</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81208</td>
<td>Bcr/abl1 gene other bp</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81210</td>
<td>Braf gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81212</td>
<td>Brca1&amp;2 185&amp;5385&amp;6174 var</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81215</td>
<td>BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81216</td>
<td>BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81217</td>
<td>BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81220</td>
<td>Cfr gene com variants</td>
<td>Yes</td>
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<td>81233</td>
<td>BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81234</td>
<td>DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81235</td>
<td>EGFR gene analysis, common variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81236</td>
<td>EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<td>81237</td>
<td>EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)</td>
<td>Yes</td>
<td>Yes</td>
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<td>81238</td>
<td>F9 (coagulation factor IX), full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81239</td>
<td>DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81243</td>
<td>Fmr1 gene detection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81244</td>
<td>Fmr1 gene characterization</td>
<td>Yes</td>
<td>Yes</td>
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<td>81250</td>
<td>G6pc gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81256</td>
<td>Hfe gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81258</td>
<td>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81260</td>
<td>Ikbkap gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81265</td>
<td>Str markers specimen anal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81266</td>
<td>Str markers spec anal addl</td>
<td>Yes</td>
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<td>81267</td>
<td>Chimerism anal no cell selec</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81268</td>
<td>Chimerism anal w/cell select</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81269</td>
<td>HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81270</td>
<td>Jak2 gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81271</td>
<td>HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81274</td>
<td>HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81275</td>
<td>Kras gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81283</td>
<td>IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81284</td>
<td>FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81285</td>
<td>FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)</td>
<td>Yes</td>
<td>Yes</td>
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<td>81286</td>
<td>FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81287</td>
<td>Mgmt gene methylation anal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81289</td>
<td>FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81292</td>
<td>Mlh1 gene full seq</td>
<td>Yes</td>
<td>Yes</td>
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<td>Mlh1 gene known variants</td>
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<td>Mlh1 gene dup/delete variant</td>
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<td>81295</td>
<td>Msh2 gene full seq</td>
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<td>Msh2 gene dup/delete variant</td>
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<td>Msh6 gene full seq</td>
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<td>Msh6 gene known variants</td>
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<td>Msh6 gene dup/delete variant</td>
<td>Yes</td>
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<td>81301</td>
<td>Microsatellite instability</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81305</td>
<td>MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmycatic leukemia) gene analysis, p.Leu265Pro (L265P) variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81312</td>
<td>PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81315</td>
<td>Pml/raralpha com breakpoints</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81316</td>
<td>Pml/raralpha 1 breakpoint</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Pms2 gene full seq</td>
<td>Yes</td>
<td>Yes</td>
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<td>81318</td>
<td>Pms2 known familial variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Pms2 gene dup/delet variants</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)</td>
<td>Yes</td>
<td>Yes</td>
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<td>PTEN gene analysis; full sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>PTEN gene analysis; known familial variant</td>
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<td>Yes</td>
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<td>81323</td>
<td>PTEN gene analysis; duplication/deletion variant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81329</td>
<td>SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81331</td>
<td>Snrpn/ube3a gene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81334</td>
<td>RUNX1 (run related transcription factor 1), gene analysis, targeted sequence analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81335</td>
<td>TPMT Genotype (Thiopurine S-Methyltransferase)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81336</td>
<td>SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81337</td>
<td>SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81343</td>
<td>PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81344</td>
<td>TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81345</td>
<td>TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81361</td>
<td>HBB (hemoglobin, subunit beta), common variant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81362</td>
<td>HBB (hemoglobin, subunit beta); known familial variant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81363</td>
<td>HBB (hemoglobin, subunit beta); duplication/deletion variant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81364</td>
<td>HBB (hemoglobin, subunit beta), full gene sequence</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Hla i &amp; ii type verify lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Hla i typing complete lr</td>
<td>Yes</td>
<td>Yes</td>
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<td>81373</td>
<td>Hla i typing 1 locus lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81374</td>
<td>Hla i typing 1 antigen lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81375</td>
<td>Hla ii typing ag equiv lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81376</td>
<td>Hla ii typing 1 locus lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81377</td>
<td>Hla ii type 1 ag equiv lr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81378</td>
<td>Hla i &amp; ii typing hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81379</td>
<td>Hla i typing complete hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81380</td>
<td>Hla i typing 1 locus hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81381</td>
<td>Hla i typing 1 allele hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81382</td>
<td>Hla ii typing 1 loc hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81383</td>
<td>Hla ii typing 1 allele hr</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81400</td>
<td>Mopath procedure level 1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81401</td>
<td>Mopath procedure level 2</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81402</td>
<td>Mopath procedure level 3</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81403</td>
<td>Mopath procedure level 4</td>
<td>Yes</td>
<td>Yes</td>
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<td>81404</td>
<td>Mopath procedure level 5</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81405</td>
<td>Mopath procedure level 6</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81406</td>
<td>Mopath procedure level 7</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81407</td>
<td>Mopath procedure level 8</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>81448</td>
<td>Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81479</td>
<td>Unlisted molecular pathology procedure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81500</td>
<td>Onco(ovarian), biochemical assays of two proteins</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81503</td>
<td>Onco(ovarian), biochemical assays of five proteins</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81506</td>
<td>Endo(type 2 diabetes), assays of seven analytes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81507</td>
<td>Fetal aneuploidy trisom risk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81508</td>
<td>Fetal congenital abnormalities, biochemical assays of two proteins</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81509</td>
<td>Fetal congenital abnormalities, biochemical assays of three proteins</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81510</td>
<td>Fetal congenital abnormalities, biochemical assays of three analytes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81511</td>
<td>Fetal congenital abnormalities, biochemical assays of four analytes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81512</td>
<td>Fetal congenital abnormalities, biochemical assays of five analytes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>81518</td>
<td>Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81519</td>
<td>Onco(breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81520</td>
<td>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.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>81521</td>
<td>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.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>81599</td>
<td>Unlisted Multianalyte Assay With Algorithmic Analysis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86711</td>
<td>Antibody; JC (John Cunningham) virus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86828</td>
<td>HLA Class I/II HLA antigens; qualitative</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86829</td>
<td>HLA Class I/II HLA antigens; qualitative</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86830</td>
<td>HLA Class I; HLA phenotypes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86831</td>
<td>HLA Class II; HLA phenotypes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86832</td>
<td>HLA Class I High definition qualitative panel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86833</td>
<td>HLA Class II High definition qualitative panel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86834</td>
<td>HLA Class I High semi-quantitative panel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86835</td>
<td>HLA Class II High semi-quantitative panel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>86849</td>
<td>Allomap® gene expression profiling</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>87910</td>
<td>genotype analysis; cytopmegalovirus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>87912</td>
<td>genotype analysis; hepatitis B</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>87999</td>
<td>Unlisted microbiology procedure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>90378</td>
<td>Respiratory syncytial virus immune globulin (rsv-igim), for intramuscular use (Synagis)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>91110</td>
<td>GI tract imaging, intraluminal (eg, capsule endoscopy), esophagus w/physician interpretation &amp; report</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>91112</td>
<td>GI WIRELESS CAPSULE W/INTERP</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>92002</td>
<td>Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>92004</td>
<td>Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient one or more visits</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>92071</td>
<td>Contact lens fitting for tx</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92072</td>
<td>Fit contac lens for managemnt</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92507</td>
<td>Treatment of speech, language, voice, communication, and / or auditory processing disorder, individual</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>92508</td>
<td>Group, 2 or more individuals</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92521</td>
<td>Evaluation of speech fluency</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92522</td>
<td>Evaluate speech production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92523</td>
<td>Speech sound lang comprehen</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92524</td>
<td>Behavioral and qualitative analysis of voice and resonance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>92971</td>
<td>Cardioassist-method of circulatory assist; external</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>93264</td>
<td>Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>93797</td>
<td>Cardiac Rehabilitation without continuous ECG monitoring</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>93798</td>
<td>Cardiac Rehabilitation with continuous ECG monitoring</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>93797</td>
<td>Cardiac Rehabilitation with continuous ECG monitoring</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>93971</td>
<td>Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited studies</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>95012</td>
<td>Nitric oxide expired gas determination</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>95782</td>
<td>Polysomnography; &lt;than 6 years, with 4/&gt; addl parameters , attd by tech</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>95783</td>
<td>Polysomnography; &lt;than 6 years, with initiation of CPAP/BiPap , attd by tech</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>95836</td>
<td>Electrococtogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>96020</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96116</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>96379</td>
<td>Unlisted therapeutic proph/dx iv/la njx/nfs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>97039</td>
<td>Unlisted modality</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>97113</td>
<td>Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>97139</td>
<td>Therapeutic procedure, one or more areas, each 15 minutes; unlisted procedure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>97161</td>
<td>PT eval low complex 20 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97162</td>
<td>PT eval mod complex 30 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97163</td>
<td>PT eval high complex 45 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97164</td>
<td>PT re-eval est plan care</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97165</td>
<td>OT eval low complex 30 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97166</td>
<td>OT eval mod complex 45 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97167</td>
<td>OT eval high complex 60 min</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>97168</td>
<td>OT re-eval est plan care</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
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<tr>
<td>97170</td>
<td>Therapeutic activities, direct (one-on-one) patient contact by provider, each 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>97532</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>97750</td>
<td>Therapeutic performance test or measurementet, with written report, each 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Code</td>
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<td>99183</td>
<td>Physician attendance and supervision of hyperbaric oxygen therapy, per session</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>99202</td>
<td>Office/Outpt New 20 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99203</td>
<td>Office/Outpt New 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99204</td>
<td>Office/Outpt New 45 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99205</td>
<td>Office/Outpt New 60 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99215</td>
<td>Office/Outpt Est 40 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99241</td>
<td>Office consult, 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99242</td>
<td>Office consult, 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99243</td>
<td>Office consult, 40 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>99244</td>
<td>Office consult, 60 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>99245</td>
<td>Office consult, 80 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>99451</td>
<td>Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>99600</td>
<td>Unlisted home visit service or procedure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A0426</td>
<td>Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) (refer to NEMT1 code)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A0428</td>
<td>Ambulance service, basic life support, non-emergency transport (BLS) (refer to NEMT1 code)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A0430</td>
<td>Fixed Wing Air Transport</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>A0431</td>
<td>Rotary Wing Air Transport</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4281</td>
<td>Tubing for breast pump replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4282</td>
<td>Adapter for breast pump replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4283</td>
<td>Cap for breast pump bottle replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4284</td>
<td>Breast shield and an splash protector replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4285</td>
<td>Breast pump bottle replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A4286</td>
<td>Locking ring for breast pump replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A6545</td>
<td>Grad comp non-elastic BK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>A9284</td>
<td>Non-electronic spirometer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9513</td>
<td>Lutetium lu 177, dotatate, therapeutic, 1 millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9517</td>
<td>Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9527</td>
<td>Iodine i-125, sodium iodide solution, therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9530</td>
<td>Iodine i-131, sodium iodide solution, therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9542</td>
<td>Indium In-111 ibritumomab tixetan, diagnostic, per study dose, up to 5 millicuries</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9543</td>
<td>Yttrium Y-90 ibritumomab tixetan, therapeutic, per treatment dose, up to 40 millicuries</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9563</td>
<td>Sodium phosphate p-32, therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9564</td>
<td>Chromic phosphate p-32 suspension, therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9600</td>
<td>Strontium sr-89 chloride, therapeutic, per millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9604</td>
<td>Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9606</td>
<td>Radium ra-223 dichloride, therapeutic, per microcurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9900</td>
<td>Miscellaneous DME supply, accessory, and/or service component of another HCPCS code</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>A9999</td>
<td>Miscellaneous DME supply or accessory, not otherwise specified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>B4102</td>
<td>Enteral formula adult fluids and electro</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4104</td>
<td>Additive for enteral formula (e.g., f ber)</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4149</td>
<td>Enteral formulablenderized foods</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4150</td>
<td>Enteral formula complet w/intact nutrients</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
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<tr>
<td>B4152</td>
<td>Enteral formula,dense/&gt;=1.5kcal</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4153</td>
<td>Enteral formula, hydrolyzed/amino acids</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4154</td>
<td>Enteral formula, special metabolic noninherited</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4155</td>
<td>Enteral formula, incomplete/modular</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B4157</td>
<td>Enteral formula, special metabolic inherit</td>
<td>Not covered</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>C1823</td>
<td>Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9036</td>
<td>Injection, patisiran, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9038</td>
<td>Injection, mogamulizumab-kpkc, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9039</td>
<td>Injection, plazomicin, 5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9040</td>
<td>Injection, fremanezumab-vfrm, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9044</td>
<td>Injection, cemiplimab-wlc, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9360</td>
<td>Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9361</td>
<td>Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9362</td>
<td>Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9363</td>
<td>Skin substitute, integra meshed bilayer wound matrix, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9407</td>
<td>Iodine i-131 iobenguane, diagnostic, 1 millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9408</td>
<td>Iodine i-131 iobenguane, therapeutic, 1 millicurie</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9460</td>
<td>Injection, cangrelor, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9462</td>
<td>Injection, delafloxacin, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9482</td>
<td>Injection, Sotalol Hydrochloride, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9488</td>
<td>Injection, conivaptan HCL, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9749</td>
<td>Repair of nasal vestibular lateral wall stenosis with implant(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9751</td>
<td>Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration(s)/biopsy(ies)) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9752</td>
<td>Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9753</td>
<td>Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9754</td>
<td>Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C9755</td>
<td>Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0140</td>
<td>Walker, w/trunk support, adjustable or fixed height, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0144</td>
<td>Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0147</td>
<td>Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0165</td>
<td>Commode Chair, Mobile, with Detachable Arms</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0181</td>
<td>Pressure Pad, Alternating with Pump, Heavy Duty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0182</td>
<td>Pump for Alternating Pressure Pad</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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</tr>
<tr>
<td>E0185</td>
<td>Gel or gel-like pressure pad for mattress, standard mattress length &amp; width</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0186</td>
<td>Air Pressure Mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0187</td>
<td>Water Pressure Mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0194</td>
<td>Air Fluidized Bed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0196</td>
<td>Gel Pressure Mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0197</td>
<td>Air Pressure Pad for Mattress, standard mattress length &amp; width</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0198</td>
<td>Water Pressure Pad for Mattress, standard mattress length &amp; width</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0271</td>
<td>Mattress, Innerspring</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0272</td>
<td>Mattress, Foam Rubber</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0277</td>
<td>Powered pressure-reducing air mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0291</td>
<td>Hospital Bed, fixed height, w/o side rails, w/o mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0293</td>
<td>Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0295</td>
<td>Hospital Bed, Semi-Electric (Head &amp; Foot Adjustment), w/o Side Rails, w/o mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0297</td>
<td>Hospital Bed, Total Electric (Head, Foot &amp; Height Adjustments), w/o side rails, w/o mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0300</td>
<td>Pediatric crib, hospital grade, fully enclosed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0304</td>
<td>Hospital bed, extra heavy duty, extra wide, &gt;600 lbs, w/any type side rails, w/mattress</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0316</td>
<td>Safety enclosure frame/canopy for use w/hospital bed, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0328</td>
<td>Pediatric hospital bed, manual</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0329</td>
<td>Pediatric hospital bed semi/electric</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0350</td>
<td>Control Unit for Electronic Bowel Irrigation/Evacuation System</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0372</td>
<td>Powered air overlay for mattress, standard mattress length &amp; width</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0425</td>
<td>Stationary compressed gas oxygen system, purchase</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0430</td>
<td>Portable gaseous oxygen system, purchase</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0443</td>
<td>Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0470</td>
<td>Respiratory assist device, bi-level pressure capability, w/o backup rate feature, w/non-invasive interface</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0471</td>
<td>Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/non-invasive interface</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0472</td>
<td>Respiratory assist device, bi-level pressure capability, w/backup rate feature, used w/invasive interface</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0480</td>
<td>Percussor, electric or pneumatic, home model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0483</td>
<td>High frequency chest wall oscillation air-pulse generator system, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0486</td>
<td>Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0487</td>
<td>Electronic spirometer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0562</td>
<td>Humidifier, heated, used w/positive airway pressure device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0570</td>
<td>Nebulizer, with compressor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0600</td>
<td>Respiratory suction pump, electric, port/stat, home model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0601</td>
<td>CPAP (Continuous Airway Pressure) Device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0618</td>
<td>Apnea monitor, w/o recording feature</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0619</td>
<td>Apnea monitor, w/ recording feature</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0625</td>
<td>Patient lift, Kartop, bathroom or toilet</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0630</td>
<td>Patient lift, hydraulic, w/ seat or sling</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0637</td>
<td>Combo sit to stand system, any size, w/seat lift, w/ or w/o wheels</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0638</td>
<td>Standing frame system, any size, w/ or w/o wheels</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>E0650</td>
<td>Pneumatic compressor, nonsegmental home model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0651</td>
<td>Pneumatic compressor, segmental home model w/o calibrated gradient pressure</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0656</td>
<td>Segmental pneumatic trunk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0657</td>
<td>Segmental pneumatic chest</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0668</td>
<td>Segmental pneumatic appliance, full arm, for use w/pneumatic compressor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0670</td>
<td>Segmental pneumatic appliance, 2 full legs and trunk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0720</td>
<td>TENS, two lead, localized stimulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0730</td>
<td>TENS, four or more leads, for multiple stimulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0747</td>
<td>Osteogenesis stimulator, electrical, non-invasive, other than spinal applications</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0748</td>
<td>Osteogenesis stimulator, electrical, non-invasive, spinal applications</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0760</td>
<td>Osteogenesis stimulator, low intensity ultrasound, non-invasive</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0766</td>
<td>Elec stim cancer treatment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0770</td>
<td>Functional electric stim NOS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0784</td>
<td>External ambulatory insulin infusion pump</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0849</td>
<td>Traction eq, cervical, free-standing, pneumatic, not for mandible (Replaces K0627)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0920</td>
<td>Fracture frame, attached to bed, includes weights</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0930</td>
<td>Fracture frame, free standing, includes weights</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0936</td>
<td>CPM device, other than knee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0940</td>
<td>Trapeze bar, freestanding, complete w/grab bar</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0947</td>
<td>Fracture frame, attachments for complex pelvic traction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0948</td>
<td>Fracture frame, attachments for complex cervical traction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0950</td>
<td>Tray, wheelchair accessory, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0951</td>
<td>Heel loop/holder, any type, w/ or w/o ankle strap, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0952</td>
<td>Toe loop/holder, any type, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0953</td>
<td>Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0954</td>
<td>Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0955</td>
<td>Headrest, cushioned, any type, including fixed mounting hardware, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0956</td>
<td>Lateral trunk or hip support, any type, including fixed mounting hardware, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0957</td>
<td>Medial thigh support, any type, including fixed mounting hardware, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0958</td>
<td>Manual wheelchair accessory, one-arm drive attachment, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0959</td>
<td>Manual wheelchair accessory, adapter for amputee, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0960</td>
<td>Wheelchair Accessory, shoulder harness/straps or chest strap, including any type mounting hardware</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0961</td>
<td>Manual wheelchair accessory, wheel lock brake extension (handle), each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0966</td>
<td>Manual wheelchair accessory, headrest extension, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0967</td>
<td>Hand rim w/projections, any type, replacement only, each, manual wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0970</td>
<td>No. 2 footplates, except for elevating legrest</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0971</td>
<td>Anti-tipping device, wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0974</td>
<td>Manual wheelchair accessory, anti-rollback device, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0978</td>
<td>Positioning belt/safety belt/pelvic strap, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0981</td>
<td>Seat upholstery, replacement only, each, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0982</td>
<td>Back upholstery, replacement only, each, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0983</td>
<td>Power add-on to convert manual wheelchair to motorized, joystick control, manual w/c accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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</tr>
<tr>
<td>E0984</td>
<td>Power add-on to convert manual wheelchair to motorized, tiller control, manual w/c accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0985</td>
<td>Seat lift mechanism, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0986</td>
<td>Push activated power assist, each, manual wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0990</td>
<td>Elevating leg rest, complete assembly, each, manual wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0992</td>
<td>Solid seat insert, manual wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E0995</td>
<td>Calf rest/pad, each, wheel chair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1002</td>
<td>Power seating system, tilt only, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1003</td>
<td>Power seating system, recline only, w/o shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1004</td>
<td>Power seating system, recline only, w/mechanical shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1005</td>
<td>Power seating system, recline only, w/power shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E1006</td>
<td>Power seating system, combo tilt &amp; recline, w/o shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1007</td>
<td>Power seating system, combo tilt &amp; recline, w/mechanical shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1008</td>
<td>Power seating system, combo tilt &amp; recline, w/power shear reduction, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1009</td>
<td>Addition to power seating system, mechanical linked leg elevation system, incl pushrod &amp; legrest</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1010</td>
<td>Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1011</td>
<td>Modification to pediatric wheelchair, width adjustment package (not to be dispensed w/initial chair)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1014</td>
<td>Reclining back, addition to pediatric wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1015</td>
<td>Shock absorber for manual wheelchair, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1016</td>
<td>Shock absorber for power wheelchair, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1017</td>
<td>Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1018</td>
<td>Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1020</td>
<td>Residual limb support system for wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1028</td>
<td>Mounting hardware for joystick (manual swingaway, retractable or removable), other control interface</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1029</td>
<td>Ventilator tray, fixed, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1030</td>
<td>Ventilator tray, gimbaled, wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1031</td>
<td>Rollabout chair, any and all types with casters 5” or greater</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1036</td>
<td>Multi-positional patient transfer system, extra-wide</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1037</td>
<td>Transport chair, pediatric size</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1038</td>
<td>Transport chair, adult size, patient weight capacity less than 250 pounds</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1161</td>
<td>Manual adult size wheelchair, includes tilt in space</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1225</td>
<td>Manual, semi-reclining back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1226</td>
<td>Manual, fully reclining back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1228</td>
<td>Special back height for wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1230</td>
<td>Power operated vehicles (three or four wheel nonhighway), specify brand name &amp; model number</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1231</td>
<td>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1232</td>
<td>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1233</td>
<td>Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/o seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1234</td>
<td>Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/o seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1235</td>
<td>Wheelchair, pediatric size, rigid, adjustable, w/seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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</tr>
<tr>
<td>E1236</td>
<td>Wheelchair, pediatric size, folding, adjustable, w/seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1237</td>
<td>Wheelchair, pediatric size, rigid, adjustable, w/o seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1238</td>
<td>Wheelchair, pediatric size, folding, adjustable, w/o seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1296</td>
<td>Special wheelchair seat height from floor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1297</td>
<td>Special wheelchair seat depth by upholstery</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1298</td>
<td>Special wheelchair seat depth and/or width by construction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1354</td>
<td>Wheeled cart, port cyl/conc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1356</td>
<td>Batt pack/cart, port conc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1357</td>
<td>Battery charger, port conc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1358</td>
<td>DC power adapter, port conc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1390</td>
<td>Oxygen concentrator, single delivery port</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1391</td>
<td>Oxygen concentrator, dual delivery port, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1399</td>
<td>Miscellaneous DME</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1810</td>
<td>Dynamic adjustable knee extension/flexion device, includes soft interface material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E1902</td>
<td>Communication board, non-electronic augmentative or alternative communication device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2000</td>
<td>Gastric suction pump, electric</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2000</td>
<td>Blood glucose monitor w/integrated voice synthesizer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2201</td>
<td>Nonstandard seat frame, depth equal or &gt;20&quot; and &lt;24&quot;, manual wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2202</td>
<td>Manual Wheelchair Accessory, nonstandard seat frame width 24&quot; - 27&quot;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2203</td>
<td>Nonstandard seat frame depth, 20&quot; to &lt;22&quot;, manual wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2204</td>
<td>Nonstandard seat frame depth 22&quot; - 25&quot;, manual wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2206</td>
<td>Wheel lock assembly, complete, each (Replaces K0081 in 2005)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2207</td>
<td>Crutch and cane holder, each (replaces K0102)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2208</td>
<td>Cylinder tank carrier, each (replaces K0104)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2209</td>
<td>Arm trough, each (replaces K0106)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2210</td>
<td>Wheelchair bearings, any type (replaces K0452)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2211</td>
<td>MWC accessory, pneumatic propulsion tire, any size, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2212</td>
<td>MWC accessory, tube for pneumatic propulsion tire, any size, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2213</td>
<td>MWC accessory, insert for pneumatic propulsion tire (removable), any type, any size,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2214</td>
<td>MWC accessory, pneumatic caster tire, any size, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2215</td>
<td>MWC accessory, tube for pneumatic caster tire, any size, each.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2219</td>
<td>MWC accessory, foam caster tire, any size, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2220</td>
<td>MWC accessory, solid (rubber/plastic) propulsion tire (any size)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2221</td>
<td>MWC accessory, solid (rubber/plastic) caster tire (removable), any size, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2222</td>
<td>Gear reduction drive wheel</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2228</td>
<td>MWC ACC, Wheelchair brake</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2231</td>
<td>Solid seat support base</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2295</td>
<td>Ped dynamic seating frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2300</td>
<td>Power seat elevation system, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2301</td>
<td>Power standing system, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2310</td>
<td>Electronic connection between wheelchair controller &amp; 1 power seating system motor,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2311</td>
<td>Electronic connection between wheelchair controller &amp; 2 or more power seating system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2312</td>
<td>Mini-Prop remote joystick</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2313</td>
<td>PWC harness, expand control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>E2321</td>
<td>Hand control interface, remote joystick, nonproportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2322</td>
<td>Hand control interface, multiple mechanical switches, nonproportional, power w/c accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2323</td>
<td>Specially joystick handle for hand control interface, prefabricated, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2324</td>
<td>Chin cup for chin control interface, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2325</td>
<td>Sip and puff interface, nonproportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2326</td>
<td>Breath tube kit for sip and puff interface, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2327</td>
<td>Head control interface, mechanical, proportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2328</td>
<td>Head or extremity control interface, electronic, proportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2329</td>
<td>Head control interface, contact switch mechanism, nonproportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2330</td>
<td>Head control interface, proximity switch mechanism, nonproportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2331</td>
<td>Attendant control, proportional, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2340</td>
<td>Nonstandard seat frame width, 20&quot; - 23&quot;, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2341</td>
<td>Nonstandard seat frame width, 24&quot; - 27&quot;, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2342</td>
<td>Nonstandard seat frame depth, 20&quot; or 21&quot;, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2343</td>
<td>Nonstandard seat frame depth, 22&quot; - 25&quot;, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2351</td>
<td>Electronic interface to operate SGD using power wheelchair control interface</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2360</td>
<td>22 NF non-sealed lead acid battery, each, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2361</td>
<td>22 NF sealed lead acid battery, each, power wheelchair accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2362</td>
<td>Group 24 non-sealed lead acid battery, each, power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2363</td>
<td>Group 24 sealed lead acid battery, each, power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2364</td>
<td>U-1 non-sealed lead acid battery, each, power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2365</td>
<td>U-1 sealed lead acid battery, each, power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2366</td>
<td>Battery charger, single mode, for use w/only one battery type, sealed or non-sealed, each, pwr w/c accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2367</td>
<td>Battery charger, dual mode, for use w/either battery type, sealed or non-sealed, each, pwr w/c accessory</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2373</td>
<td>Hand/chin ctrl spec joystick</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2374</td>
<td>Hand/chin ctrl std joystick</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2375</td>
<td>Non-expandable controller</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2376</td>
<td>Expandable controller, repl</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2377</td>
<td>Expandable controller, init</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2378</td>
<td>Power wc actuator replacement</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2381</td>
<td>Pneum drive wheel tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2382</td>
<td>Tube, pneum wheel drive tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2384</td>
<td>Pneumatic caster tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2385</td>
<td>Tube, pneumatic caster tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2386</td>
<td>Foam filled drive wheel tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2387</td>
<td>Foam filled caster tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2388</td>
<td>Foam drive wheel tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2389</td>
<td>Foam caster tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2390</td>
<td>Solid drive wheel tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2391</td>
<td>Solid caster tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2392</td>
<td>Solid caster tire, integrate</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2394</td>
<td>Drive wheel excludes tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
<td>OCC/CCN</td>
<td>COD Admin</td>
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<td>---------------------------------------------------------------------------------------</td>
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<tr>
<td>E2395</td>
<td>Caster wheel excludes tire</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2396</td>
<td>Caster fork</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2397</td>
<td>PWC harness, lith-based battery</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2402</td>
<td>Negative pressure wound therapy electric pump, stationary or portable</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2500</td>
<td>SGD, digitized speech using pre-recorded messages, &lt;= 8 mins recording time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2502</td>
<td>SGD, digitized speech using pre-recorded messages, &gt;8 but &lt;= 20 mins recording time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2504</td>
<td>SGD, digitized speech using pre-recorded messages, &gt;20 but &lt;= 40 mins recording time</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2506</td>
<td>SGD, digitized speech using pre-recorded messages, &gt;40 mins</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2508</td>
<td>SGD, synthesized speech, req messages by spelling &amp; acces by phycial contract w/the device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2510</td>
<td>SGD, synthesized speech, multiple messages methods &amp; multiple device access methods</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2511</td>
<td>SG generating software program, for personal computer or digital assistant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2512</td>
<td>Accessory for SGD, mounting system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2599</td>
<td>Accessory for SGD, NOC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2601</td>
<td>General use wheelchair seat cushion, width &lt;22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2602</td>
<td>General use wheelchair seat cushion, width &gt;=22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>E2603</td>
<td>Skin protection wheelchair seat cushion, width &lt;22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2604</td>
<td>Skin protection wheelchair seat cushion, width &gt;=22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2605</td>
<td>Positioning Wheelchair seat cushion, width &lt;22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2606</td>
<td>Positioning wheelchair seat cushion, width &gt;=22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2607</td>
<td>Protect/position wheelchair seat cushion, width &lt;22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2608</td>
<td>Protect/position wheelchair seat cushion, width &gt;=22&quot;, any depth</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2609</td>
<td>Custom fabricated wheelchair seat cushion, any size</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2610</td>
<td>Wheelchair seat cushion, powered</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2611</td>
<td>General use wheelchair back cushion, width &lt;22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2612</td>
<td>General use wheelchair back cushion, width &gt;=22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2613</td>
<td>Posterior positioning wheelchair back cushion, &lt;22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2614</td>
<td>Posterior positioning wheelchair back cushion, &gt;=22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2615</td>
<td>Post/lateral positioning wheelchair back cushion, &lt;22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2616</td>
<td>Post/lateral positioning wheelchair back cushion, &gt;=22&quot;, any height</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2617</td>
<td>Custom fabricated wheelchair back cushion, any size</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2619</td>
<td>Replacement cover for wheelchair seat or back cushion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2622</td>
<td>SKIN PROTECT WC CUSH WIDTH &lt;22 IN</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2623</td>
<td>SKIN PROTECT WC CUSH WIDTH 22 IN/</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2624</td>
<td>SKIN PROTCT&amp;POSITION WC CUSH WD &lt;22</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2625</td>
<td>SKIN PROTCT&amp;POSITION WC CUSH W 22/</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2626</td>
<td>Seo mobile arm sup att to wc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2627</td>
<td>Arm supp att to wc rancho ty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2628</td>
<td>Mobile arm supports reclin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2629</td>
<td>Friction dampening arm supp</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2630</td>
<td>Monosuspension arm/hand supp</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2631</td>
<td>Elevat proximal arm support</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2632</td>
<td>Offset/lat rocker arm w/ela</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E2633</td>
<td>Mobile arm support supinator</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0151</td>
<td>Services performed by a qualified physical therapist in the home health or hospice setting each 15 minutes(auth required for home health only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>G0152</td>
<td>Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes (auth required for home health only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0153</td>
<td>Services performed by a qualified speech-language pathologist in the home health or hospice setting each 15 minutes (auth required for home health only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0154</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0155</td>
<td>Services of clinical social worker in home health or hospice setting, each 15 minutes (auth required for home health only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0156</td>
<td>Services of home health/hospice aide in home health or hospice setting, each 15 minutes (auth required for home health only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0162</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0166</td>
<td>External Counter Pulssion, per session</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0176</td>
<td>OPPS/PHP; Activity Therapy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0283</td>
<td>Electrical Stimulation to one or more areas for indications other than wound care, as part of a therapy plan</td>
<td>not valid for Medi-Cal</td>
<td>Yes</td>
<td>not valid for Medi-Cal</td>
</tr>
<tr>
<td>G0299</td>
<td>Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0300</td>
<td>Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0416</td>
<td>Sat biopsy prostate 1-20 spc</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0422</td>
<td>Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0423</td>
<td>Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>G0424</td>
<td>Pulmonary rehab w exer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>G0458</td>
<td>LDR prostate brachytherapy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0129</td>
<td>Abatacept 10 mg, Inj.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0178</td>
<td>Ali bercept,Injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0180</td>
<td>Injection, agalsidase beta, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0185</td>
<td>Injection, aprepatin, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0202</td>
<td>Alemutuzumab, Injection,1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0207</td>
<td>Injection, amifostine, 500mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0220</td>
<td>Injection, alglucosidase alfa, 10 mg, not otherwise specified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0257</td>
<td>Injection, alpha 1 proteinase inhibitor (human), (Glassia), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0348</td>
<td>Anadulafungin injection 1 mg (Eraxis)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0485</td>
<td>Belatacept,Injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0490</td>
<td>Belimumab Injection, 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0517</td>
<td>Injection, benralizumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0565</td>
<td>Injection, bezlotoxumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0567</td>
<td>Injection, cerliponase alfa, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0584</td>
<td>Injection, burosumab-twza 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0585</td>
<td>OnabotulinumtoxinA Inj 1 unit (Botox)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0586</td>
<td>AbobotulinumtoxinA Inj 5 units (Dysport)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0587</td>
<td>Botulinum Type B injection, 100 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0588</td>
<td>Incobotulinumtoxin (Xeomin), 1 unit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0595</td>
<td>C-1 esterase inhibitor (recombinant), Ruconest,Injection, 10 units (For billing prior to 1/1/16 use C9445 or J3590)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0596</td>
<td>Injection, ruconest 10 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0597</td>
<td>C1 Esterase Inh b Berinert Inj 10 U</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0598</td>
<td>Injection, c-1 esterase inhibitor (human), Cinryze, 10 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Code</td>
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<tr>
<td>J0599</td>
<td>Injection, c-1 esterase inhibitor (human), (haegarda), 10 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0606</td>
<td>Injection, etelcalcetide, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0638</td>
<td>Canakinumab Inj 1 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0714</td>
<td>Injection, cefazidime and avibactam</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0716</td>
<td>Injection, centruroides immune f(ab)2, up to 120 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0717</td>
<td>Certolizumab Pegol 1 mg inj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0740</td>
<td>Injection, cidofovir, 375 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0800</td>
<td>Injection, corticotropin, up to 40 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0840</td>
<td>Injection, etelcalcetide, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0841</td>
<td>Edaravone</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0875</td>
<td>Injection, dalbavancin 5mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J0881</td>
<td>Darbepetin Alfa, Non-ESRD injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0882</td>
<td>Injection, darbepoetin alfa, 1 mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0885</td>
<td>Epoetin alfa, Non-ESRD</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0887</td>
<td>Injection, epoetin beta, 1 microgram</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0894</td>
<td>Decitabine injection 1mg (Dacogen)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J0897</td>
<td>Denosumab, Injection, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1071</td>
<td>Injection, testosterone cypionate 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1267</td>
<td>Doripenem injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1290</td>
<td>Inj Ecallantide 1 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1300</td>
<td>Injection, eculizumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1301</td>
<td>Edaravone</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1322</td>
<td>Injection, Elosulfase alfa, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1428</td>
<td>Injection, eteplirsen, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1439</td>
<td>Injection, ferric carboxymaltose 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1442</td>
<td>Filgrastim (G-CSF) 1 mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1443</td>
<td>Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1446</td>
<td>Injection, tbo-filgrastim, 5 mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1447</td>
<td>Tbo-filgrastim, 1 microgram</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1453</td>
<td>Fosaprepitant injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1454</td>
<td>Injection, fosnetupitant 235 mg and palonosetron 0.25 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1455</td>
<td>Fomivirsen (Vitravene) inj, 1.65mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1459</td>
<td>Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1460</td>
<td>Injection, gamma globulin, intramuscular, 1 cc (GamaSTAN S/D)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1555</td>
<td>Injection, immune globulin (Cuvitru), 100 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1556</td>
<td>Injection, IVIG (Bivigam), 500 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1557</td>
<td>Gammaplex injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1561</td>
<td>Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1566</td>
<td>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)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1568</td>
<td>Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1569</td>
<td>Injection, Immune Globulin, (Gammagard), IV, non-lyophilized, (e.g., liquid), 500 MG</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1572</td>
<td>Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g. liquid), 500 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1575</td>
<td>Injection, Hyqvia 100mg Immunoglobin</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<tr>
<td>J1602</td>
<td>Injection, golimumab, 1 mg, for intravenous use</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1627</td>
<td>Injection, granisetron, extended-release, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1628</td>
<td>Injection, guselkumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1726</td>
<td>Injection, hydroxyprogesterone caproate, (Makena), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1729</td>
<td>Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1740</td>
<td>Ibandronate sodium injection 1 mg (Boniva)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1745</td>
<td>Infliximab (Remicade) inj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1746</td>
<td>Injection, ibalizumab-ulyk, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1750</td>
<td>Injection iron dextran 50 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1756</td>
<td>Injection, iron sucrose, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1786</td>
<td>Injection, imiglucerase, 10 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1833</td>
<td>Injection, isavuconazonium sulfate, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J1930</td>
<td>Injection, lanreotide, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1945</td>
<td>Injection, lepirudin, 50 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J1950</td>
<td>Injection, leuprolide acetate per 3.75 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2182</td>
<td>Mepolizumab 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2185</td>
<td>Injection, Meropenem, 500mg, 1G</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2186</td>
<td>Injection, meropenem and vaborbactam, 10mg/10mg, (20mg)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2248</td>
<td>Micafungin sodium injection 1mg (Mycamine)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2326</td>
<td>Injection, nusinersen, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2345</td>
<td>Tildrakizumab-asmn</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2385</td>
<td>Injection, ocrelizumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2353</td>
<td>Injection, octreotide, depot form for intramuscular injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2354</td>
<td>Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg (Sandostatin)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2357</td>
<td>Omalizumab 5mg (Xolair)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2407</td>
<td>Injection, oritavancin, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2430</td>
<td>Pamidronate Disodium Injection Per 30mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2501</td>
<td>Paricalcitol (Zemplar) 1mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2502</td>
<td>Injection, pasireotide long acting, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2505</td>
<td>Pegfilgrastim, 6mg (Neulasta )</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2507</td>
<td>Injection, Pegloticase, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2562</td>
<td>Plerixafor (Mozobil) 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2724</td>
<td>Injection, protein C concentrate, intravenous, human, 10 IU</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2778</td>
<td>Ranibizumab, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2786</td>
<td>Injection, resiluzumab, 1 mg (For billing prior to 1/1/17 use J3590 or C9481 for OPPS billing)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2791</td>
<td>Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 lu</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2793</td>
<td>Rilonacept (Arcalyst) 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2796</td>
<td>Romiplostim (Nplate) 10 micrograms inj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J2797</td>
<td>Injection, rolapitant, 0.5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2820</td>
<td>Sargramostim (Gm-Csf), Injection, 50 Mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2840</td>
<td>Injection, sebelipase alfa, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J2860</td>
<td>Injection, situximab, 10 mg (For billing prior to 1/1/16 use C9455 or J3590)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3060</td>
<td>Taliglucerase alfa, 10 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3090</td>
<td>Injection, Tedizolid phosphate, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3095</td>
<td>Telavancin Inj 10 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3145</td>
<td>Injection, testosterone undecanoate 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3240</td>
<td>Injection, thyrotropin alpha, 0.9 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3243</td>
<td>Tigecycline injection - Please submit auth request to the Pharmacy Benefit Manager</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3245</td>
<td>Inj., tildrakizumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3316</td>
<td>Injection, triptorelin, extended-release, 3.75 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3357</td>
<td>Ustekinumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3358</td>
<td>Ustekinumab, for intravenous injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3380</td>
<td>Injection, vedolizumab, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3385</td>
<td>Alemtuzumab</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3397</td>
<td>Injection, vestronidase alpha-vjbk, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3398</td>
<td>Injection, voreligene neparvovec-rzyl, 1 billion vector genomes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J3489</td>
<td>Injection, Zoledronic Acid, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3490</td>
<td>Unclassified drugs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J3590</td>
<td>Unclassified biologics</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7170</td>
<td>Injection, emicizumab-kxwh, 0.5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7177</td>
<td>Injection, human fibrinogen concentrate (fibryga), 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7296</td>
<td>Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7310</td>
<td>Ganciclovir Long Act Implant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7311</td>
<td>Fluocinolone acetonide, intravitreal implant</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7313</td>
<td>Intravitreal Implant, Fluocinolone Acetonide, 0.01 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7316</td>
<td>Injection, ocirplasmin, 0.125 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7320</td>
<td>Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>J7321</td>
<td>Hyaluronan or derivative, hylgan or supartz, for intra-articular injection, per dose</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7323</td>
<td>Euflexxa inj per dose</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7324</td>
<td>Orthovisc inj per dose</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7325</td>
<td>Hyaluronan or derivative, Synvisc or Synvisc-One, for intrarticular injection, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7327</td>
<td>Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose, 88mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7328</td>
<td>Gel-syn injection 0.1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7336</td>
<td>Capsaicin 8% patch, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7342</td>
<td>Instillation, ciprofloxacin otic suspension, 6 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7345</td>
<td>Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J7353</td>
<td>Injection, daclizumab 150mg/mL</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J8655</td>
<td>Netupitant 300 mg and palonosetron 0.5 mg (Code Price is per 1 capsule)**Bill as a pharmacy benefit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9015</td>
<td>injection, aldesleukin, per single use vial</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9017</td>
<td>Injection, arsenic trioxide, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9019</td>
<td>Asparaginase (Erwinaze), Injection,1,000 IU</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9020</td>
<td>Asparaginase, Injection, 10,000 Units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9022</td>
<td>Injection, atezolizumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9023</td>
<td>Injection, avelumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9030</td>
<td>Injection, BCG live intravesical installation, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9032</td>
<td>Injection, belinostat, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9033</td>
<td>Bendamustine injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9034</td>
<td>injection, bendamustine HCI (Bendeka), 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9035</td>
<td>Injection, Bevacizumab, 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>Code</td>
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<td>J9036</td>
<td>Injection, bendamustine HCl (Belnapzo), 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9039</td>
<td>Blinatumomab, Injection, 1 microgram</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9041</td>
<td>Bortezomib (Velcade) Ing, 0.1mg</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9042</td>
<td>Injection, brentuximab vedotin, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9043</td>
<td>Cabazitaxel, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9044</td>
<td>Injection, bortezomib, not otherwise specified, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9047</td>
<td>Carfilzomib, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9055</td>
<td>Cetuximab injection 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9057</td>
<td>Injection, copanlisib, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9065</td>
<td>Injection Cldribine 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9120</td>
<td>Injection, dactinomycin, 0.5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9145</td>
<td>Injection, daratumumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9153</td>
<td>Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9155</td>
<td>Degarelix (Firmagon) 1 mg Inj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9160</td>
<td>Injection, denileukin diftitox, 300 mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9173</td>
<td>Injection, durvalumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9176</td>
<td>Injection, elotuzumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9179</td>
<td>Injection, er bulin mesylate, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9202</td>
<td>Goserelin acetate implant, per 3.6 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9203</td>
<td>Injection, gemtuzumab ozogamicin, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9205</td>
<td>Injection, irinotecan liposome, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9207</td>
<td>Ipabepilone injection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9217</td>
<td>Leuprolide acetate (for depot suspension), 7.5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9219</td>
<td>Leuprolide acetate implant, 65 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9225</td>
<td>Histrelin (Vantas) Implant, 50mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9226</td>
<td>Histrelin (Supprelin LA) Implant, 50mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9228</td>
<td>Ipilimumab 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9229</td>
<td>Injection, inotuzumab ozogamicin, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9261</td>
<td>Nellarine injection 50 mg (Arranone)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9266</td>
<td>Injection, pegaspargase, per single dose vial</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9271</td>
<td>Pembrolizumab, Injection, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9285</td>
<td>Injection, olaratumab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9295</td>
<td>Injection, necitumumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9299</td>
<td>Injection, nivolumab, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9301</td>
<td>Obinutuzumab, Injection, 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9302</td>
<td>Ofatumumab Inj 10 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9303</td>
<td>Panitumumab (Vectibix) inj, 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9306</td>
<td>Pertuzumab 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9308</td>
<td>Injection, ramucirumab, 5 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9311</td>
<td>Injection, rituximab 10 mg and hyaluronidase</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9312</td>
<td>Injection, rituximab, 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9315</td>
<td>Romidepsin Inj 1 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9325</td>
<td>Injection, talimogene laherparepvec, per 1 million plaque forming units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9328</td>
<td>Temozolomide (Temodar) 1 mg Inj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9330</td>
<td>Injection, temsirolimus, 100 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9332</td>
<td>Injection, trabectedin, 0.1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9354</td>
<td>Ado-Trastuzumab emtansine, 1mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>J9355</td>
<td>Trastuzumab</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9356</td>
<td>Injection, trastuzumab, 10 mg and hyaluronidase-oysk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9371</td>
<td>Vincristine Sulfate Liposome, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9395</td>
<td>Injection, fulvestrant, 25 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>J9400</td>
<td>INJECTION, ZIV-AFLIBERCEPT</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0001</td>
<td>Standard wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0002</td>
<td>Standard hemi (low seat) wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0003</td>
<td>Lightweight wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0004</td>
<td>High strength, lightweight wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0005</td>
<td>Ultralightweight wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0006</td>
<td>Heavy duty wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0007</td>
<td>Extra heavy duty wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0008</td>
<td>Custom Manual Wheelchair/base</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0009</td>
<td>Other manual wheelchair/base</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0010</td>
<td>Standard-weight frame motorized/power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0011</td>
<td>Standard-weight frame motorized/power wheelchair w/programmable control parameters</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>for speed adj</td>
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<td>K0012</td>
<td>Lightweight portable motorized/power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0013</td>
<td>Custom Power Wheelchair/base</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0014</td>
<td>Other motorized/power wheelchair base</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0015</td>
<td>Detachable, nonadjustable height armrest, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0017</td>
<td>Detachable, adjustable height armrest, base, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0018</td>
<td>Detachable, adjustable height armrest, upper portion, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0019</td>
<td>Arm pad, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0020</td>
<td>Fixed, adjustable height armrest, pair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0037</td>
<td>High mount flip-up footrest, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0038</td>
<td>Leg strap, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0039</td>
<td>Leg strap, H style, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0040</td>
<td>Adjustable angle footplate, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0041</td>
<td>Large size footplate, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0042</td>
<td>Standard size footplate, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0043</td>
<td>Footrest, lower extension tube, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0044</td>
<td>Footrest, upper hanger bracket, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0045</td>
<td>Footrest, complete assembly</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0046</td>
<td>Elevating legrest, lower extension tube, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0047</td>
<td>Elevating legrest, upper hanger bracket, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0050</td>
<td>Ratchet assembly</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0051</td>
<td>Cam release assembly, footrest or legrest, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0052</td>
<td>Swingaway, detachable footrests, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0053</td>
<td>Elevating footrests, articulating, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0056</td>
<td>Seat height, for high strength, lightweight or ultralightweight wheelchair, &lt;17&quot;</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td>or &gt;=21&quot;</td>
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<td>K0069</td>
<td>Rear wheel assembly, complete, w/solid tire, spokes or molded, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0070</td>
<td>Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0071</td>
<td>Front caster assembly, complete, w/pneumatic tire, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0072</td>
<td>Front caster assembly, complete, w/semi-pneumatic tire, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0073</td>
<td>Caster pin lock each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0077</td>
<td>Front caster assembly, complete, w/solid tire each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0098</td>
<td>Drive belt for power wheelchair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0105</td>
<td>IV hanger, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0108</td>
<td>Other accessories, wheelchair component or accessory, NOS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0195</td>
<td>Elevating leg rest, pair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0455</td>
<td>Infusion pump for epoprostenol/treprostinil (uninterrupted parenteral admin of meds)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0553</td>
<td>Supply allowance for therapeutic continuous glucose monitor (GCM), includes all supplies and accessories, 1 unit of service = 1 month's supply (covered under 21 years of age only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0554</td>
<td>Receiver (Monitor), dedicated, for use with therapeutic continuous glucose monitor (CGM) system (covered under 21 years of age only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0669</td>
<td>Wheelchair seat or back cushion, NOC from SADMERC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0738</td>
<td>Portable gaseous oxygen system, rental</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0739</td>
<td>Repair of non-routine service for DME, other than oxygen equipment requiring the skill of a technician, per 15 minutes of labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0740</td>
<td>Repair of non-routine service for oxygen equipment requiring the skill of a technician, per 15 minutes of labor</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0743</td>
<td>Portable home suction pump</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0744</td>
<td>Absorp drg &lt;= 16 suc pump</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0745</td>
<td>Absorp drg &gt;16&lt;=48 suc pump</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0746</td>
<td>Absorp drg &gt;48 suc pump</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0800</td>
<td>POV group 1 std up to 300lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0801</td>
<td>POV group 1 hd 301-450 lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0802</td>
<td>POV group 1 vhd 451-600 lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0806</td>
<td>POV group 2 std up to 300lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0807</td>
<td>POV group 2 hd 301-450 lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>K0808</td>
<td>POV group 2 vhd 451-600 lbs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0812</td>
<td>Power operated vehicle NOC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0813</td>
<td>PWC gp 1 std port seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0814</td>
<td>PWC gp 1 std port cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0815</td>
<td>PWC gp 1 std seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0816</td>
<td>PWC gp 1 std cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0820</td>
<td>PWC gp 2 std port seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0821</td>
<td>PWC gp 2 std port cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0822</td>
<td>PWC gp 2 std seat/back</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0823</td>
<td>PWC gp 2 std cap chair</td>
<td>Yes</td>
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<td>Yes</td>
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<td>K0824</td>
<td>PWC gp 2 hd seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0825</td>
<td>PWC gp 2 hd cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0826</td>
<td>PWC gp 2 vhd seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0827</td>
<td>PWC gp vhd cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0828</td>
<td>PWC gp 2 xtra hd seat/back</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0829</td>
<td>PWC gp 2 xtra hd cap chair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0830</td>
<td>PWC gp2 std seat elevate s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0831</td>
<td>PWC gp2 std seat elevate cap</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0835</td>
<td>PWC gp2 std sing pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0836</td>
<td>PWC gp2 std sing pow opt cap</td>
<td>Yes</td>
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<td>K0837</td>
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<td>K0840</td>
<td>PWC gp2 xhd sing pow opt s/b</td>
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<td>K0841</td>
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<td>K0848</td>
<td>PWC gp 3 std seat/back</td>
<td>Yes</td>
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<td>K0849</td>
<td>PWC gp 3 std cap chair</td>
<td>Yes</td>
<td>Yes</td>
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<td>PWC gp 3 hd seat/back</td>
<td>Yes</td>
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<td>PWC gp 3 hd cap chair</td>
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<td>K0852</td>
<td>PWC gp 3 vhd seat/back</td>
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<td>K0854</td>
<td>PWC gp 3 xhd seat/back</td>
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<td>PWC gp 3 xhd cap chair</td>
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<td>PWC gp3 vhd sing pow opt s/b</td>
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<td>K0861</td>
<td>PWC gp3 std mult pow opt s/b</td>
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<td>PWC gp3 hd mult pow opt s/b</td>
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<td>Yes</td>
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<td>K0863</td>
<td>PWC gp3 vhd mult pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0864</td>
<td>PWC gp3 xhd mult pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0865</td>
<td>PWC gp 4 std seat/back</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0866</td>
<td>PWC gp 4 vhd seat/back</td>
<td>Yes</td>
<td>Yes</td>
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<td>PWC gp4 std sing pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0868</td>
<td>PWC gp4 std sing pow opt cap</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0869</td>
<td>PWC gp4 hd sing pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0870</td>
<td>PWC gp4 vhd sing pow opt s/b</td>
<td>Yes</td>
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<td>K0871</td>
<td>PWC gp4 std sing pow opt cap</td>
<td>Yes</td>
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<td>PWC gp4 std sing pow opt cap</td>
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<td>K0878</td>
<td>PWC gp4 std sing pow opt cap</td>
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<td>K0879</td>
<td>PWC gp4 std sing pow opt cap</td>
<td>Yes</td>
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<td>K0880</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>PWC gp4 std mult pow opt s/b</td>
<td>Yes</td>
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<td>PWC gp4 std mult pow opt cap</td>
<td>Yes</td>
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<td>Yes</td>
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<td>PWC gp4 hd mult pow s/b</td>
<td>Yes</td>
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<td>Yes</td>
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<td>K0890</td>
<td>PWC gp5 ped sing pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0891</td>
<td>PWC gp5 ped mult pow opt s/b</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>K0898</td>
<td>Power wheelchair NOC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0113</td>
<td>Cranial cervical torticollis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0170</td>
<td>Collar, Molded to Patient Model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0200</td>
<td>Multiple post collar, occipital/mandibular supports, adjustable cervical bars &amp; thoracic extension</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0452</td>
<td>Upper thoracic region, included shoulder straps &amp; closures, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0455</td>
<td>Tiso flexible trnk sj-t9 prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0456</td>
<td>Rigid posterior panel &amp; soft anterior apron, incl straps &amp; closures, prefab, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0457</td>
<td>Tiso flexible trnk sj-ss prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0458</td>
<td>Two rigid plastic shells, soft liner, to xiphiod, incl straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0460</td>
<td>Two rigid plastic shells, soft liner, to sternal notch, incl straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0462</td>
<td>Three rigid plastic shells, soft liner, incl straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0464</td>
<td>Four rigid plastic shells, soft liner, incl straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0467</td>
<td>LsO, sagittal control, rigid posterior frame and flexible soft, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0468</td>
<td>Rigid posterior frame &amp; flex ble soft anterior apron w/straps, closures &amp; padding</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0469</td>
<td>TlsO, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0470</td>
<td>Rigid posterior frame &amp; flex ble soft anterior apron w/straps, closures &amp; padding</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0472</td>
<td>Hyperextension, rigid ant &amp; lat frame, post &amp; lat pads w/straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0480</td>
<td>One piece, w/o interface liner, w/mult straps &amp; closures, incl carved plaster or CAD-CAM model, custom</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0482</td>
<td>One piece, w/interface liner, w/mult straps &amp; closures, incl carved plaster or CAD-CAM model, custom</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0484</td>
<td>Two piece, w/o interface liner, w/mult straps &amp; closures, incl carved plaster or CAD-CAM model, custom</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0486</td>
<td>Two piece, w/interface liner, w/mult straps &amp; closures, incl carved plaster or CAD-CAM model, custom</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0488</td>
<td>One piece, w/interface liner, w/mult straps &amp; closures, prefabricated, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0490</td>
<td>One piece rigid posterior shell w/overlapping reinforced anterior w/mult straps &amp; closures, prefabricated, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0492</td>
<td>TlsO, sagittal-coronal control, modular segmented spinal system, three rigid plastic</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0623</td>
<td>Sacroiliac orthosis, pelvis-sacral support, with rigid or semi-rigid panels w/mult straps &amp; closures, prefabricated, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0647</td>
<td>Hyperextension, rigid ant &amp; lat frame, post &amp; lat pads w/straps &amp; closures, incl fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0649</td>
<td>TlsO, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>L0650</td>
<td>Lumbar orthosis, sagittal control, with rigid anterior and posterior frame/panel(s), pre ots</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L0651</td>
<td>Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), l pre ots</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0700</td>
<td>Minerva type, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0710</td>
<td>Minerva type, molded to patient model, w/ interface material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0810</td>
<td>Cervical Halo Incorporated Into Jacket Vest</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0820</td>
<td>Cervical Halo Incorporated Into Plaster Body Jacket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0830</td>
<td>Cervical Halo Incorporated Into Milwaukee Type Orthosis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L0859</td>
<td>Addition to Halo Procedures, Magnetic Reasonance Image Compatible System (replaces L0860)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1000</td>
<td>Milwaukee, inclusive of furnishing initial orthosis, including model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1001</td>
<td>CTLSO infant immobilizer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1005</td>
<td>Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1200</td>
<td>Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive of Furnishing Initial</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1300</td>
<td>Other Scoliosis Procedure, Body Jacket Molded to Patient Model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1310</td>
<td>Other Scoliosis Procedure, Post-Operative Body Jacket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1680</td>
<td>HO, dynamic, pelvic control, adj hip motion control, thigh cuffs, custom fabricated (Rancho type)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1685</td>
<td>HO, abduction control of hip joint, post-op hip abduction type, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1686</td>
<td>HO, abduction control of hip joint, post op hip abduction type, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1690</td>
<td>Combo-bilat, lumbo-sacral, hip, femur orthosis providing adduction &amp; internal rotation control, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1700</td>
<td>Legg Perthes orthosis, (Toronto type), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1710</td>
<td>Legg Perthes orthosis, (Newington type), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1720</td>
<td>Legg Perthes orthosis, trilateral, (Tachdjian type), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1730</td>
<td>Legg Perthes orthosis, (Scottish Rite type), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1755</td>
<td>Legg Perthes orthosis, (Patten bottom type), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1812</td>
<td>KO, elastic w/joints prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1832</td>
<td>KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1833</td>
<td>KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1834</td>
<td>KO, w/o knee joint, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1840</td>
<td>KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1843</td>
<td>KO, single upright, thigh and calf, with adjustable flexion and extension joint</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1844</td>
<td>KO, single upright, custom fabricated, thigh &amp; calf, w/adj flexion &amp; extension int, med-lat &amp; rotation control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1845</td>
<td>KO, double upright, prefabricated, thigh &amp; calf, w/adj flexion &amp; extension int, med-lat &amp; rotation control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1846</td>
<td>KO, double upright, custom fabricated, thigh &amp; calf, w/adj flexion &amp; extension int, med-lat &amp; rotation control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1847</td>
<td>KO, double upright w/adjustable joint w/inflatable air support chamber(s), prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1848</td>
<td>KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1860</td>
<td>KO, modification of supracondylar prosthetic socket, custom fabricated (SK)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1904</td>
<td>AFO, molded ankle gauntlet, custom-fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1907</td>
<td>AFO, supramalleolar w/straps, w/ or w/o interface/pads, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1940</td>
<td>AFO, plastic or other material, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1945</td>
<td>AFO, plastic, rigid anterior tibial section (floor reaction), custom fabricated, molded to pt model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1950</td>
<td>AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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</tr>
<tr>
<td>L1951</td>
<td>AFO, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1960</td>
<td>AFO, posterior solid ankle, plastic, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1970</td>
<td>AFO, plastic, with ankle joint, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1980</td>
<td>AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L1990</td>
<td>Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2000</td>
<td>Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar ‘ak’ orthosis), custom-fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2010</td>
<td>Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar ‘ak’ orthosis), without knee joint, custom-fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2020</td>
<td>KAFO, double upright, free knee, free ankle, solid stirrup, thigh &amp; calf bands/cuffs, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2030</td>
<td>KAFO, double upright, free ankle, solid stirrup, thigh &amp; calf bands/cuffs, w/o knee joint, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2035</td>
<td>KAFO, plastic, pediatric size</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2036</td>
<td>KAFO, full plastic, double upright, free knee, w/ or w/o free motion ankle, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2037</td>
<td>KAFO, full plastic, single upright, free knee, w/ or w/o free motion ankle, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2038</td>
<td>KAFO, full plastic, w/o knee joint, multiaxis ankle, (Lively orthosis or eugal), custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2060</td>
<td>Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2088</td>
<td>AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2114</td>
<td>AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2116</td>
<td>AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2126</td>
<td>KAFO, fx orthosis, femoral fx cast orthosis, thermoplastic type casting material, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2128</td>
<td>KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2132</td>
<td>KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2134</td>
<td>KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2136</td>
<td>KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2350</td>
<td>Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2510</td>
<td>Addition to lower thigh</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2520</td>
<td>Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2525</td>
<td>Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to pt</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2580</td>
<td>Addition to lower extremity, pelvic control, pelvic sling</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2627</td>
<td>Addition-lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint &amp; cables</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2628</td>
<td>Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint &amp; cables</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L2861</td>
<td>Addition to lower extremity joint, knee or ankle, concentric adjustable …</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3000</td>
<td>Foot – Insert, Removable, Molded to Patient</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3160</td>
<td>Foot, adjustable shoe-styled positioning device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3230</td>
<td>Orthopedic footwear, custom shoe, depth inlay, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3677</td>
<td>Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3678</td>
<td>Shoulder orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3720</td>
<td>EO, double upright w/forearm/arm cuffs, free motion, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>L3730</td>
<td>EO, double upright w/forearm/arm cuffs, extension/flexion assist, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3740</td>
<td>EO, double upright w/forearm/arm cuffs, adj position lock w/active control, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3761</td>
<td>EO bow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3806</td>
<td>WHFO w/joint(s) custom fab</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3808</td>
<td>WHFO, rigid w/joints</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3809</td>
<td>WHFO, without joint(s), prefabricated, off-the-shelf, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3900</td>
<td>Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3901</td>
<td>WHFO, dynamic flexor hinge, reciprocal wrist exten/flex, finger flex/exten, cable driven, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3904</td>
<td>WHFO, external powered, electric, custom fabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3906</td>
<td>WHO, wrist gauntlet, custom fabricated, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3915</td>
<td>WHO w nontor joint prefab</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3916</td>
<td>WHO, includes one or more nontorsion joint(s), prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3918</td>
<td>Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3924</td>
<td>Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3927</td>
<td>FO, prefabricated, includes fitting &amp; adjustment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3930</td>
<td>Hand finger orthosis, includes one or more nontorsion joint(s), prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3931</td>
<td>WHFO nontor joint prefab</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3956</td>
<td>Addition of joint to upper extremity orthosis, any material; per joint</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3960</td>
<td>SEWHO, abduction positioning, airplane design, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3962</td>
<td>SEWHO, abduction positioning, Erb's palsey design, prefabricated</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L3995</td>
<td>Addition to upper extremity orthosis, sock, fracture or equal, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4000</td>
<td>Replace girdle for spinal orthosis (CTLSO or SO)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4010</td>
<td>Replace trilaterial socket brim</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4020</td>
<td>Replace quadrilateral socket brim, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4030</td>
<td>Replace quadrilateral socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4040</td>
<td>Replace molded thigh lacer, for custom fabricated orthosis only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4050</td>
<td>Replace molded calf lacer, for custom fabricated orthosis only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4130</td>
<td>Replace pret bial shell</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4210</td>
<td>Repair of orthotic device, repair or replace minor parts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4361</td>
<td>Walking boot, pneumatic and/or vacuum, with or without joints, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4387</td>
<td>Walking boot, non-pneumatic, with or without joints, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L4397</td>
<td>Static or dynamic ankle foot orthosis, prefabricated, off-the-shelf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5010</td>
<td>Partial foot, molded socket, ankle height, w/toe filler</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5020</td>
<td>Partial foot, molded socket, tibial tibercle height, w/toe filler</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5050</td>
<td>Ankle, Symes, molded socket, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5060</td>
<td>Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5100</td>
<td>Below knee, molded socket, shin, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5105</td>
<td>Below knee, plastic socket, joints &amp; thigh lacer, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5150</td>
<td>Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5160</td>
<td>Knee disarticulation (or through knee), molded socket, bent knee config, ext knee joints, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>L5200</td>
<td>Above knee, molded socket, single axis constant friction knee, shin, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5210</td>
<td>Above knee, short prosthesis, no knee joint (stubbies), w/foot blocks, no ankle joints, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5220</td>
<td>Above knee, short prosthesis, no knee joint (stubbies), w/ articulated ankle/foot, dynamically aligned, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5230</td>
<td>Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5250</td>
<td>Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5270</td>
<td>Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5280</td>
<td>Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5301</td>
<td>Below knee, molded socket, shin, SACH foot, endoskeletal system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5312</td>
<td>Knee dissect, SACH ft, endo</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5321</td>
<td>Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5331</td>
<td>Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5341</td>
<td>Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5400</td>
<td>Immediate postop or early fitting, below knee, application initial rigid dressing, fitting &amp; 1 cast change</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5420</td>
<td>Immediate postop or early fitting, above knee, application initial rigid dressing, fitting &amp; alignment &amp; 1 cast change AK or knee disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5500</td>
<td>Initial, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5505</td>
<td>Initial, above knee-disarticulation, ischial level socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5510</td>
<td>Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5520</td>
<td>Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, thermoplastic or equal, direct formed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5530</td>
<td>Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, thermoplastic or equal, molded to model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5535</td>
<td>Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, prefabricated adjustable open end socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5540</td>
<td>Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5560</td>
<td>Preparatory, above knee-knee disarticulation, plaster socket, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5570</td>
<td>Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5580</td>
<td>Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5585</td>
<td>Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5590</td>
<td>Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5595</td>
<td>Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5600</td>
<td>Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5610</td>
<td>Addition to lower extremity, endoskeletal system, above knee, hydraulics system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5613</td>
<td>Add to lwr extrem, endoskeletal sys, above knee-knee disarticulation, 4-bar linkage w/hydraulic swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5614</td>
<td>Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4-bar linkage, with pneumatic swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>L5616</td>
<td>Addition to lower extremity, above knee, universal multiplex sys, friction swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5638</td>
<td>Addition to Lower Extremity, Below Knee, Leather Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5639</td>
<td>Addition to Lower Extremity, Below Knee, Wood Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5643</td>
<td>Addition to Lower Extremity, Hip Disarticulation, Flexible Inner Socket, external frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5645</td>
<td>Addition to Lower Extremity, Below Knee, Flexible Inner Socket, External frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5647</td>
<td>Addition to Lower Extremity, Below Knee Suction Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5649</td>
<td>Addition to Lower Extremity, Ischial Containment/Narrow M-L Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5651</td>
<td>Addition to Lower Extremity, Above Knee, Flexible Inner Socket, external frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5653</td>
<td>Addition to Lower Extremity, Knee Disarticulation, Expandable Wall Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5661</td>
<td>Addition to Lower Extremity, Socket Insert, Multi-Durometer Symes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5665</td>
<td>Addition to Lower Extremity, Socket Insert, Multi-Durometer, Below Knee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5671</td>
<td>Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5673</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5677</td>
<td>Additions to Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5679</td>
<td>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</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5681</td>
<td>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 l5679 or l5679)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5683</td>
<td>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 l5679 or l5679)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5700</td>
<td>Replacement, Socket, Below Knee, Molded to Patient Model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5701</td>
<td>Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment plate, molded to pt model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5702</td>
<td>Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5705</td>
<td>Replacement, Custom Shaped Protective Cover, Above Knee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5706</td>
<td>Replacement, Custom Shaped Protective Cover, Knee Disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5707</td>
<td>Replacement, Custom Shaped Protective Cover, Hip Disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5708</td>
<td>Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5709</td>
<td>Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5718</td>
<td>Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5722</td>
<td>Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5724</td>
<td>Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5726</td>
<td>Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints fluid swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5728</td>
<td>Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5780</td>
<td>Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra pneumatic swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5781</td>
<td>Addition lower limb prosthesis, vacuum pump, residual limb volume mngmnt&amp;moisture evacuation system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5782</td>
<td>Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>L5785</td>
<td>Addition, Exoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5790</td>
<td>Addition, Exoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5795</td>
<td>Addition Exoskeletal sys, Hip Disarticulation, Ultra-Light Material (titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5810</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5811</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5812</td>
<td>Addition Endoskeletal Knee-Shin sys, Single Axis, Friction Swing &amp; stance phase control (safety knee)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5814</td>
<td>Addition Endoskeletal Knee-Shin sys Polycentric Hydraulic Swing phase control, mechanical stance phase lock</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5816</td>
<td>Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5818</td>
<td>Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing &amp; stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5822</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5824</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5826</td>
<td>Addition Endoskeletal Knee-Shin sys, Single Axis, Hydraulic Swing phase control w/miniature high activity frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5828</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing &amp; stance phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5830</td>
<td>Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/Swing phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5840</td>
<td>Addition, Endoskeletal Knee/Shin System, Multiaxial, Pneumatic Swing Phase control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5845</td>
<td>Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5848</td>
<td>Addition to endoskeletal, knee-shin sys, hydraulic stance extension dampening feature w/ or w/o adj</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5859</td>
<td>Addition to endoskeletal lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5930</td>
<td>Addition, Endoskeletal System, High Activity Knee Control Frame</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5940</td>
<td>Addition, Endoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5950</td>
<td>Addition, Endoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5960</td>
<td>Addition Endoskeletal Sys, Hip Disarticulation, Ultra-Light Material(titanium, carbon fiber or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5962</td>
<td>Addition, endoskeletal system, below knee, flexible protective outer surface covering system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5964</td>
<td>Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface covering system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5966</td>
<td>Addition, Endoskeletal System, Hip Disarticulation, Flexible outer surface covering system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5968</td>
<td>Addition to Lower Limb Prosthesis, Multiaxial Ankle w/Swing Phase Active Dorsiflexion Feature</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5973</td>
<td>Endoskeletal ankle foot system, microprocessor controlled feature, dorsifile...</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5976</td>
<td>All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II or equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5979</td>
<td>All Lower Extremity Prostheses, Multiaxial Ankle/Foot, Dynamic Response foot, one piece system</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5980</td>
<td>All Lower Extremity Prostheses, Flex Foot System</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5981</td>
<td>All Lower Extremity Prostheses, Flex-Walk Systemor Equal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5982</td>
<td>All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5984</td>
<td>All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit, w/ or w/o adjustability</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5986</td>
<td>All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
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</tr>
<tr>
<td>L5987</td>
<td>All Lower Extremity Prosthesis Shank Foot System w/vertical loading pylon</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L5988</td>
<td>Addition to Lower Limb Prosthesis, Vertical Shock-Reducing Pylon Feature</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6010</td>
<td>Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (Or Equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6020</td>
<td>Partial Hand, Robin-Aids, No Finger Remaining (Or Equal)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6050</td>
<td>Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6055</td>
<td>Wrist Disarticulation, Molded Socket with Expandable Interface, Flexible elbow hinges, triceps pad</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6100</td>
<td>Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6110</td>
<td>Below Elbow, Molded Socket, (Muensteror Northwestern Suspension Type)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6120</td>
<td>Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6130</td>
<td>Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking hinge, half cuff</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6200</td>
<td>Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6205</td>
<td>Elbow Disarticulation, Molded Socket with Expandable Interface, Outside locking hinges, forearm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6250</td>
<td>Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6300</td>
<td>Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, internal locking elbow.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6310</td>
<td>Shoulder Disarticulation, Passive Restoration (Complete Prosthesis)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6320</td>
<td>Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6350</td>
<td>Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6360</td>
<td>Interscapular Thoracic, Passive Restoration (Complete Prosthesis)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6370</td>
<td>Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6380</td>
<td>Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, wrist disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6382</td>
<td>Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, elbow disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6384</td>
<td>Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, shoulder diarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6400</td>
<td>Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6450</td>
<td>Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6500</td>
<td>Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6550</td>
<td>Shoulder Disarticulation, Molded Socket, Endoskeletal System, Incl soft prosthetic tissue shaping</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6570</td>
<td>Interscapular Thoracic, Molded Socket, Endoskeletal System, Including soft prosthetic tissue shaping</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6580</td>
<td>Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Plastic socket, molded to pt model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6582</td>
<td>Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Socket, direct formed, friction wrist</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6584</td>
<td>Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Plastic socket, molded to pt model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6586</td>
<td>Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Socket, direct formed, friction wrist</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6588</td>
<td>Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall plastic socket, molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6590</td>
<td>Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall socket, direct formed,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6611</td>
<td>Additional switch, ext power</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6624</td>
<td>Flex/ext/rotation wrist unit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6638</td>
<td>Upper extremity addition prosthesis, electric locking feature, only for use with manually powered e bow</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
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<tr>
<td>L6646</td>
<td>Upper extremity addition, shoulder joint, multipositional locking, flexion,</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>adj abduction friction control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L6647</td>
<td>Upper extremity addition, shoulder lock mechanism, body powered actuator</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6648</td>
<td>Upper extremity addition, shoulder lock mechanism, external powered actuator</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6686</td>
<td>Upper Extremity Addition, Suction Socket</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6689</td>
<td>Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6690</td>
<td>Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6693</td>
<td>Upper extremity addition locking e bow forearm counter balance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6703</td>
<td>Term dev, passive hand mitt</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6704</td>
<td>Term dev, sport/rec/work att</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6706</td>
<td>Term dev mech hook vol open</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6707</td>
<td>Term dev mech hook vol close</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6708</td>
<td>Term dev mech hand vol open</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6709</td>
<td>Term dev mech hand vol close</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6711</td>
<td>Ped term dev, hook, vol open</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6712</td>
<td>Ped term dev, hook, vol clos</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6713</td>
<td>Ped term dev, hand, vol open</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6714</td>
<td>Ped term dev, hand, vol clos</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6715</td>
<td>Term device, multi art digit</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6721</td>
<td>Hook/hand, hvy dty, vol open</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6722</td>
<td>Hook/hand, hvy dty, vol clos</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6680</td>
<td>Elec hand ind art digits</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6881</td>
<td>Automatic grasp feature, additional to upper limb prosthetic terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6882</td>
<td>Microprocessor control feature, addition to upper limb prosthesis terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6900</td>
<td>Hand Restoration(casts,shading&amp;measurements included),Partial Hand,w/glove,thumb or 1 finger remaining</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6905</td>
<td>Hand Restoration(casts,shading&amp;measurements included),Partial Hand,w/glove,multiple fingers remaining</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6910</td>
<td>Hand Restoration(casts,shading&amp;measurements included),Partial Hand,w/glove,no fingers remaining</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6915</td>
<td>Hand Restoration (Shading, and Measurements Included),Replacement Glove for above</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6920</td>
<td>Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6925</td>
<td>Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6930</td>
<td>Below E bow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, switch control of terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6935</td>
<td>Below E bow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6940</td>
<td>E bow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6945</td>
<td>E bow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal electrodes, myoeletron control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6950</td>
<td>Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6955</td>
<td>Above E bow,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes,myoelectronic control of terminal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6960</td>
<td>Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6965</td>
<td>Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelecronic control</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L6970</td>
<td>Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal switch,switch control of terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<tr>
<td>L6975</td>
<td>Interscapular-Thoracic, Ext Power, Molded Inner Socket, Otto Bock or equal electrodes, myoelectronic control of terminal</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7007</td>
<td>Adult electric hand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7008</td>
<td>Pediatric electric hand</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7009</td>
<td>Adult electric hook</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7040</td>
<td>Prehensile Actuator, Hosmer or Equal, Switch Controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7045</td>
<td>Electronic Hook, Child, Michigan or Equal, Switch Controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7170</td>
<td>Electronic Elbow, Hosmer or Equal, Switch Controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7180</td>
<td>Electronic elbow, microprocessor sequential control of elbow and terminal device</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7185</td>
<td>Electronic elbow, adolescent, variety village or equal, switch controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7186</td>
<td>Electronic elbow, child, variety village or equal, switch controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7190</td>
<td>Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7191</td>
<td>Electronic Elbow, Child, Variety Village/Equal, Myoelectronically Controlled</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7368</td>
<td>Lithium battery charger</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7510</td>
<td>Repair of prosthetic device, repair or replace minor parts</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L7700</td>
<td>Gasket or seal, for use with prosthetic socket insert, any type, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8031</td>
<td>Breast prosthesis, silicone or equal, with integral adhesive</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8032</td>
<td>Nipple prosthesis, reusable, any type, each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8035</td>
<td>Custom breast prosthesis post mastectomy molded to patient model</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8505</td>
<td>Artificial larynx replacement battery/accessory, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8603</td>
<td>Collagen implant, urinary tract, per 2.5 cc syringe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8604</td>
<td>Dextranomer/hyaluronic acid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>L8606</td>
<td>Injectable buking agent, synthetic implant, urinary tract, 1 ml syringe</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>L9900</td>
<td>Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>NEMT1</td>
<td>All inclusive Non-Emergency Medical Transportation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>PTNET</td>
<td>All inclusive In-Home Physical Therapy Assessment for Non-Emergency Medical Transportation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q0138</td>
<td>Ferumoxytol (Feraheme) for treatment of iron deficiency anemia, 1 mg (non-esrd use)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q0139</td>
<td>Ferumoxytol (Feraheme) for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q2041</td>
<td>Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR T Cells, including leukapheresis and dose preparation procedures, per infusion</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q2042</td>
<td>Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q2043</td>
<td>Sipuleucel-T 250ml</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q2049</td>
<td>Dox Hci Lip Imprt Lipodox Inj 10 Mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q3014</td>
<td>Telehealth originating site facility fee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4081</td>
<td>Injection, epoetin alfa, for ESRD on dialysis, 100 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4100</td>
<td>Skin substitute, NOS</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4101</td>
<td>Apligraf skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4102</td>
<td>Oasis wound matrix skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4103</td>
<td>Oasis burn matrix skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4104</td>
<td>Integra BMWD skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4105</td>
<td>Integra DRT skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4106</td>
<td>Dermagraft skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4107</td>
<td>Graftjacket skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4108</td>
<td>Integra matrix skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>Q4110</td>
<td>Primatrix skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4111</td>
<td>Gammagraft skin sub</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4112</td>
<td>Cymetra allograft</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4113</td>
<td>Graftjacket express allograf</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4114</td>
<td>Integra flowable wound matri</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4116</td>
<td>Skin substitute, alloderm, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4117</td>
<td>Hyalomatrix, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4118</td>
<td>Matristem micromatrix, 1 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4121</td>
<td>Theraskin, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4132</td>
<td>Grafix core, per sq cm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4133</td>
<td>Grafix prime, per sq cm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4134</td>
<td>HMatrix, per sq cm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4135</td>
<td>Mediskin, per sq cm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4136</td>
<td>E-Z Derm, per sq cm</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q4159</td>
<td>Affinity, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4160</td>
<td>Nushield, per square centimeter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q5101</td>
<td>Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 mcg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5103</td>
<td>Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5104</td>
<td>Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5105</td>
<td>Injection, epoetin alfa, biosimilar (Retacrit) (for esrd on dialysis), 100 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5106</td>
<td>Injection, epoetin alfa, biosimilar (Retacrit) (for non esrd use), 1000 units</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5107</td>
<td>Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5108</td>
<td>Injection, pegfilgrastim-jmdb, biosimilar (fulphila), 0.5mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5109</td>
<td>Injection, infliximab-qbtbx, biosimilar, (ixifi), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5110</td>
<td>Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5111</td>
<td>Injection, Pegfilgrastim-cbqv, biosimilar (udenycia), 0.5mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5112</td>
<td>Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5113</td>
<td>Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Q5114</td>
<td>Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Q5115</td>
<td>Injection, rituximab-abbv, biosimilar, 10mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>S0189</td>
<td>Testosterone pellet, 75 mg</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S100C</td>
<td>Therapeutic seat cushion and /or positioning system 1.0 hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S101C</td>
<td>Custom foam/molded cushion 1.25 hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S102C</td>
<td>Manual wheelchair with or without Therapeutic cushion 1.5 hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S103C</td>
<td>Manual wheelchair with positioning system with or without therapeutic cushion 2.75 hours</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S1040</td>
<td>Cranial remodeling orthosis, rigid, w/soft interface material</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S104C</td>
<td>Power wheelchair with or without therapeutic cushion (2.0 hour)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S105C</td>
<td>Power wheelchair with power tilt/recline or specialized driving controls 3.0 hour 1.0 hour occ the.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S202C</td>
<td>Manual wheelchair with or without therapeutic cushion (.5 hour)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S204C</td>
<td>Power wheelchair with or without therapeutic cushion and /orpositioning system .5 hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S2118</td>
<td>Total hip resurfacing</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S300C</td>
<td>Initial In-Home Assessment for Custom DME</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S301C</td>
<td>Post-Fit Assessment for Custom DME</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S302C</td>
<td>Clinical Record Assessment for Custom DME</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>S8130</td>
<td>Interferential stim 2 chan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal CCN</td>
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<tr>
<td>S8131</td>
<td>Interferential stim 4 chan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>T1014</td>
<td>Telehealth transmission, per minute, professional services bill separately</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>T5001</td>
<td>Positioning seat for persons s/ special orthopedic needs, for use in vehicles</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5010</td>
<td>Assessment for hearing aid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5014</td>
<td>Repair/Modification of A Hearing Aid</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5030</td>
<td>Hearing Aid, Monaural, Body Worn, Air Conduction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5040</td>
<td>Hearing Aid, Monaural, Body Worn, Bone Conduction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5050</td>
<td>Hearing aid, monaural, in the ear</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5060</td>
<td>Hearing aid, monaural, behind the ear</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5070</td>
<td>Glasses, Air Conduction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5080</td>
<td>Glasses, Bone Conduction</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5120</td>
<td>Binaural, Body</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5130</td>
<td>Binaural, in the ear</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5140</td>
<td>Binaural, behind the ear</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5150</td>
<td>Binaural, Glasses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5171</td>
<td>Hearing aid, contralateral routing device, monaural, in the ear (ITE)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5172</td>
<td>Hearing aid, contralateral routing device, monaural, in the canal (ITC)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5181</td>
<td>Hearing aid, contralateral routing device, monaural, behind the ear (BTE)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5190</td>
<td>Hearing Aid, Cros, Glasses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5211</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/ITE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5212</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/ITE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5213</td>
<td>Hearing aid, contralateral routing system, binaural, ITE/BTE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5214</td>
<td>Hearing aid, contralateral routing system, binaural, ITC/ITC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>V5215</td>
<td>Hearing aid, contralateral routing system, binaural, ITC/BTE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5221</td>
<td>Hearing aid, contralateral routing system, binaural, BTE/BTE</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5230</td>
<td>Hearing Aid, Bicros, Glasses</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5264</td>
<td>Ear mold/insert, not disposable, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5265</td>
<td>Ear mold/insert, disposable, any type</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>V5267</td>
<td>Hearing aid supplies/accessories</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>V5298</td>
<td>Hearing aid not otherwise classified</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>X3900</td>
<td>Single Modality to one area - initial 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3902</td>
<td>Physical Therapy: single modality one area - each additional 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3904</td>
<td>Physical Therapy: single procedure to one area initial 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3906</td>
<td>Single procedure to one area - each additional 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3908</td>
<td>Treatment including combination of any modalities and procedures one or more areas - initial 30 min</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3910</td>
<td>Treatment including a combination of any modalities and procedures one or more areas - each</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3912</td>
<td>Hubbard Tank - initial 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3914</td>
<td>Hubbard Tank each additional 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3916</td>
<td>Hubbard Tank or pool therapy with therapeutic exercise initial 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3918</td>
<td>Hubbard Tank or pool therapy with therapeutic exercise initial 15 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3920</td>
<td>Any of the tests and measurements initial 30 minutes, plus reports</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3922</td>
<td>Any of the tests and measurements each additional 15 minutes, plus reports</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3924</td>
<td>Physical therapy preliminary evaluation rehabilitation center, SNF, ICF.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3926</td>
<td>Case conference and report initial 30 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
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<tr>
<td>X3928</td>
<td>Case consultation and report.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3930</td>
<td>Case conference and report each additional 15 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3932</td>
<td>Home or long term care facility visit - add.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3934</td>
<td>Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home).</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X3936</td>
<td>Unlisted Services.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4100</td>
<td>Evaluation - initial 30 minutes, plus report.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4102</td>
<td>Evaluation each additional 15 minutes, plus report.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4104</td>
<td>Case conference and report initial 30 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4106</td>
<td>Case conference and report each additional 30 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4108</td>
<td>Occupational Therapy preliminary evaluation rehabilitation, Nursing Facility (NF) B, NF-A</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4110</td>
<td>Treatment initial 30 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4112</td>
<td>Treatment each additional 15 minutes.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4114</td>
<td>Occupational Therapy-home or long term fac. visit - add.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4116</td>
<td>Mileage per mile one way beyond a 10 mile radius or usual hospital base.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4118</td>
<td>Unlisted Services.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4120</td>
<td>Case consultation and report.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4300</td>
<td>Language Evaluation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4301</td>
<td>Speech Evaluation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4303</td>
<td>Speech-Language therapy, individual, per hour (following procedures x4300 or x4301)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4304</td>
<td>Speech-Language therapy, individual, 1/2 hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4306</td>
<td>Out of office call (payable only for visit to the first patient receiving services at any given location on the same day)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4308</td>
<td>Speech therapy preliminary evaluation, rehabilitation, SNF, ICF.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>X4310</td>
<td>Speech generating device (SGD) - related bundled speech therapy services, per</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4312</td>
<td>Speech generating device (SGD) – recipient assessment</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>X4320</td>
<td>Unlisted speech therapy services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4500</td>
<td>Audiological Evaluation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>X4530</td>
<td>Impedance Audiometry</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Z5999</td>
<td>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services – Unlisted/Supplemental Services (covered under 21 years of age only)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Z5805</td>
<td>EPSDT: Shared Nursing, Registred Nurse</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Z5807</td>
<td>EPSDT: Shared Nursing, Licensed Vocational Nurse</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Z7606</td>
<td>Hyperbaric oxygen chamber 1st 15 min atmos abs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Z7608</td>
<td>Hyperbaric oxygen chamber each subseq 15 min</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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</table>

**BEHAVIORAL HEALTH CODES FOR MEDI-CAL MEMBERS ONLY**

<table>
<thead>
<tr>
<th>Code</th>
<th>Procedure Description</th>
<th>Medi-Cal CCN</th>
<th>OCC/CCN</th>
<th>COD Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>90870</td>
<td>Electroconvulsive Therapy; 1 Seizure</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>90899</td>
<td>Unlisted Evaluation &amp; Management Service</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
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<tr>
<td>96101</td>
<td>Psycho testing by psych/phys</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
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<tr>
<td>96116</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>96118</td>
<td>Neuropsych tst by psych/phys</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Medi-Cal</td>
<td>OCC/ CCN</td>
<td>COD Admin</td>
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</tr>
<tr>
<td>96121</td>
<td>Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eq. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96130</td>
<td>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96131</td>
<td>Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>96132</td>
<td>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>96133</td>
<td>Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>96136</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96137</td>
<td>Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96138</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96139</td>
<td>Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>96146</td>
<td>Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>H0031</td>
<td>Mental Health Assessment, By Non-Physician</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>H0032</td>
<td>Mental Health Service Plan Development By Non-Physician</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>H2014</td>
<td>Skills training and development, per 15 minutes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>H2019</td>
<td>Therapeutic behavioral services, per 15 minutes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>S5108</td>
<td>Home care training to home care client, per 15 minutes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>S5110</td>
<td>Home Care Training, Family, Per 15 Minutes</td>
<td>Yes</td>
<td>N/A</td>
<td>Yes</td>
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</tbody>
</table>