Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G0322	ESRD REL SRVC HOM DIALYSIS FULL MO; 12-19 YR AGE		J7504	LYMPHCYT IMMUN GLOB EQUINE PARENTERAL 250 MG
G0323	ESRD REL SRVC HOM DIALYSIS FULL MO; 20 YRS&OLDER		J7505	MUROMONAB-CD3 PARENTERAL 5 MG
G0324	ESRD REL SERVICE HOME DIALYSIS PER DAY; PT <2 YR		J7506	PREDNISONE ORAL PER 5 MG
G0325	ESRD REL SERV HOME DIALYSIS PER DAY; PT 2-11 YRS		J7507	Tacrolimus oral per 1 MG
G0326	ERSD REL SERV HOME DIALYSIS PER DAY; PT 12-19 YR		J7509	METHYLPREDNISOLONE ORAL PER 4 MG
G0327	ESRD REL SERV HOME DIALYSIS PER DAY; PT 20 YR >		J7510	Prednisolone oral per 5 mg
G0328	COLOREC CA SCR; FOB TST IMMUNO 1-3 SIMULTANEOUS		J7511	LYMPHCYT IMMUN GLOB RABBIT PARENTERAL 25 MG
G0329	ELECMAGNET TX ULCERS NOT HEALING 30 DAYS CARE		J7513	DACLIZUMAB PARENTERAL 25 MG
G0332	SRVC IV INFUS IG PRIOR ADMIN PER INFUS ENCOUNTER		J7515	CYCLOSPORINE ORAL 25 MG
G0333	PHARM DISPEN FEE INHAL RX; INITIAL 30-DAY SUPPLY		J7516	CYCLOSPORINE PARENTERAL 250 MG
G0337	HOSPICE EVALUATION & CNSL SERVICES PREELECTION		J7517	MYCOPHENOLATE MOFETIL ORAL 250 MG
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS		J7518	MYCOPHENOLIC ACID ORAL 180 MG
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS		J7520	SIROLIMUS ORAL 1 MG
G0341	PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS		J7525	TACROLIMUS PARENTERAL 5 MG
G0342	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS		J7599	IMMUNOSUPPRESSIVE DRUG NOT OTHERWISE CLASSIFIED
G0343	LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS		J7602	ALBUTEROL INH NON-COMP CON
G0344	INIT PREV PE; FCE-FCE NEW BENEFICRY 1ST 6 MO MCR		J7603	ALBUTEROL INH NON-COMP U D
G0364	BN MARROW ASPIR PRFRM W/BX SAME INCI SAME DOS		J7604	ACETYLCYSTEINE COMP UNIT
G0365	VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACESS		J7605	ARFORMOTEROL NON-COMP UNIT
G0366	ECG AT LEAST 12 LEADS; I&R CMPNT INIT PREV PE		J7607	LEVALBUTEROL INHAL CP PROD THRU DME CONC 0.5 MG
G0367	ECG =/>12 LEADS;TRACING ONLY CMPNT INIT PREV PE		J7608	ACETYLCYSTEINE INHAL SOL THRU DME U DOSE FORM-GM
G0368	ECG =/> 12 LEADS; I&R ONLY CMPNT INIT PREV PE		J7609	ALBUTEROL INHAL CP PROD THRU DME UNIT DOSE 1 MG
G0372	PHYS SRVC RQR TO EST & DOC NEED PWR MOBIL DEVC		J7610	ALBUTEROL INHAL SOL ADMIN THRU DME CONC 1 MG
G0377	ADMINISTRATION OF VACCINE PART D DRUG		J7614	LEVALBUTEROL INHAL NON-CP THRU DME U DOSE 0.5 MG
G0378	HOSPITAL OBSERVATION SERVICE PER HOUR		J7615	LEVALBUTEROL INHAL SOL THRU DME UNIT DOSE 0.5 MG
G0379	DIRECT ADMIS PATIENT HOSPITAL OBSERVATION CARE		J7620	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROM TO 0.5 MG
G0380	LEVEL 1 HOSP EMERG VST IN TYPE B DEPT/FACILITY		J7622	BECLOMETHASOME INHAL CP PROD UNIT DOSE PER MG
G0381	LEVEL 2 HOSP EMERG VST IN TYPE B DEPT/FACILITY		J7624	BETAMETHASONE INHAL CP PROD DME UNIT DOSE PER MG
G0382	LEVEL 3 HOSP EMERG VST IN TYPE B DEPT/FACILITY		J7626	BUDESONIDE INHAL NON-CP UNIT DOSE UP TO 0.5 MG
G0383	LEVEL 4 HOSP EMERG VST IN TYPE B DEPT/FACILITY		J7627	BUDESONIDE INHAL CP PROD UNIT DOSE UP TO 0.5 MG
G0384	LEVEL 5 HOSP EMERG VST IN TYPE B DEPT/FACILITY		J7628	BITOLTEROL MESYLATE INHAL CP PROD CONC PER MG
G0389	US B-SCAN &/OR REAL TIME W/IMAG DOC; AAA SCREEN		J7629	BITOLTEROL MESYLATE INHAL CP UNIT DOSE PER MG
G0390	TRAUMA RESPONSE TEAM ASSOC W/HOSP CC SERVICE		J7631	CROMOLYN SODIM INHAL SOL DME U DOSE FORM-10 MG
G0394	BLOOD OCCULT TEST 1 DETERM COLORECTAL NEOPLASM		J7632	CROMOLYN SODIUM COMP UNIT
G0396	ALCOHOL/SUBS INTERV 15-30MN		J7633	BUDESONIDE INHAL NON-CP CONC FORM PER 0.25 MG
G0397	ALCOHOL/SUBS INTERV >30 MIN		J7634	BUDESONIDE INHAL CP PROD THRU DME CONC 0.25 MG
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB 450MG		J7635	ATROPINE INHAL SOL COMP PROD CONC FORM PER MG
G8006	ACUTE MI: PT DOC RECEIVED ASPIRIN AT ARRIVAL		J7636	ATROPINE INHAL COMP PROD UNIT DOSE FORM PER MG
G8007	ACUTE MI: PT NOT DOC RECEIVED ASPIRIN AT ARRIVAL		J7637	DEXAMETHASONE INHAL COMP PROD CONC FORM PER MG
G8008	CLIN DOC AMI PT NOT ELIG REC ASPIRIN ARRIVAL MSR		J7638	DEXAMETHASONE INHAL COMP PROD UNIT DOSE PER MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8009	ACUTE MI: PT DOC TO HAVE RECVD BETABLKER@ARRIVAL		J7639	DORNASE ALPHA INHAL SOL THRU DME U DOSE FORM-MG
G8010	AMI: PT NOT DOC RECEIVED BETA-BLOCKER AT ARRIVAL		J7640	FORMOTEROL INHAL COMP PROD UNIT DOSE FORM 12 MCG
G8011	CLIN DOC AMI PT NOT ELG BETABLOCKER@ARRIVAL MSR		J7641	FLUNISOLIDE INHAL COMP PROD UNIT DOSE PER MG
G8012	PNEU: PT DOC RECVD ABX W/I 4 HR OF PRESENTATION		J7642	GLYCOPYRROLATE INHAL COMP PROD CONC FORM PER MG
G8013	PNEU: PT NOT DOC RECVD ABX W/I 4 HR PRESENTATN		J7643	GLYCOPYRROLATE INHAL COMP UNIT DOSE FORM PER MG
G8014	CLN DOC PNEU PT NOT ELIG ABX W/I 4 HR PRESENTATN		J7644	IPRATROPIUM BROMIDE INHAL NON-CP U DOSE PER MG
G8015	DIAB PT W/REC HGB A1C LEVL DOC AS > 9%		J7645	IPRATROPIUM BROMIDE INHAL THRU DME U DOSE PER MG
G8016	DIAB PT W/REC HGB A1C LEVL DOC AS <= 9%		J7647	ISOETHARINE HCL INHAL CP PROD THRU DME PER MG
G8017	CLIN DOC DIABETIC PT NOT ELIG HGB A1C MEASURE		J7648	ISOETHARINE HCI INHAL NON-CP CONC FORM PER MG
G8018	CLIN NOT PROV CARE DIAB PT RQRD TM HGB A1C MSR		J7649	ISOETHARINE HCI NON-COMP UNIT DOSE FORM PER MG
G8019	DIAB PT MOST RECENT LD LIPOPROTEIN >/=100 MG/DL		J7650	ISOETHARINE HCI INHAL THRU DME UNIT DOSE PER MG
G8020	DIAB PT MOST RECENT LD LIPOPROTEIN < 100 MG/DL		J7657	ISOPROTERENOL HCI INHAL CP PROD THRU DME PER MG
G8021	CLIN DOC DIAB PT NOT ELIG LD LIPOPROTEIN MEASURE		J7658	ISOPROTERENOL HCI INHAL NON-CP CONC FORM PER MG
G8022	CLIN NOT PROV CARE DIAB PT RQRD TM LD LP MSR		J7659	ISOPROTERENOL HCI INHAL NON-CP UNIT DOSE PER MG
G8023	DIAB PT REC BP =/>140 SYST OR =/>80 MM HG DIAS		J7660	ISOPROTERENOL HCI INHAL THRU DME U DOSE PER MG
G8024	DIAB PT MOST REC BP < 140 SYST & < 80 DIASTOLIC		J7667	METAPROTERENOL SULFATE INHAL CP PROD CONC 10 MG
G8025	CLINICIAN DOC DIABETIC PT NOT ELIG BP MEASURE		J7668	METAPROTERENOL SULF INHAL NON-CP CONC PER 10 MG
G8026	CLIN NOT PROV CARE DIAB PT RQRD TM BLD MEASURE		J7669	METAPROTERENOL SULF INHAL NON-CP UNIT DOSE 10 MG
G8027	HEART FAIL PT LVSD DOC BE ON EITHER ACE1/ARB TX		J7670	METAPROTERENOL SULFATE INHAL THRU DME PER 10 MG
G8028	HRT FAIL PT LVSD NOT DOC BE ON EITHR ACE1/ARB TX		J7674	METHACHOLINE CHLORID INHAL SOL THRU NEB PER 1 MG
G8029	CLIN DOC HEART FAIL PT NOT ELIG ACEI/ARB TX MSR		J7676	PENTAMIDINE COMP UNIT DOSE
G8030	HEART FAIL PT LVSD DOC TO BE ON BETA-BLOCKER TX		J7680	TERBUTALINE SULFATE INHAL COMP CONC FORM PER MG
G8031	HEART FAIL PT W/LVSD NOT DOC ON BETA-BLOCKER TX		J7681	TERBUTALINE SULFATE INHAL COMP UNIT DOSE PER MG
G8032	CLINICIAN DOC HRT FAIL PT NOT ELIG BB TX MEASURE		J7682	TOBRAMYCIN INHAL NON-COMP UNIT DOSE PER 300 MG
G8033	PRIOR MI CAD PT DOC TO BE ON BETA-BLOCKER TX		J7683	TRIAMCINOLONE INHAL COMP PROD CONC FORM PER MG
G8034	PRIOR MI CAD PT NOT DOC TO BE ON BETA-BLOCKER TX		J7684	TRIAMCINOLONE INHAL COMP PROD UNIT DOSE PER MG
G8035	CLIN DOC PR MI CAD PT NOT ELG BB TX/PT NO PR MI		J7685	TOBRAMYCIN INHAL CP PROD THRU DME U DOSE 300 MG
G8036	CORONARY ARTERY DISEASE PT DOC ON ANTIPLATLET TX		J7699	NOC DRUGS INHALATION SOLUTION ADMINED THRU DME
G8037	CORONARY ARTERY DZ PT NOT DOC ON ANTIPLATLET TX		J7799	NOC RX OTH THAN INHALATION RX ADMINED THRU DME
G8038	CLIN DOC CAD PT NOT ELIG ANTIPLATLET TX MEASURE		J8498	ANTIEMETIC DRUG RECTAL/SUPPOSITORY NOS
G8039	CAD PT W/LOW DENSITY LIPOPROTEIN DOC > 100 MG/DL		J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS
G8040	CAD PT LOW DENSITY LIPOPROTEIN DOC </= 100 MG/DL		J8501	APREPITANT ORAL 5 MG
G8041	CLIN DOC CAD PT NOT ELIG LD LIPOPROTEIN MEASURE		J8510	BULSULFAN; ORAL 2 MG
G8051	PT FEMALE DOC BEEN ASSESSED FOR OSTEOPOROSIS		J8515	CABERGOLINE ORAL 0.25 MG
G8052	PT FEMALE NOT DOC BEEN ASSESSED FOR OSTEOPOROSIS		J8520	CAPECITABINE ORAL 150 MG
G8053	CLIN DOC FEMAL PT NOT ELIG OSTEOPOROSIS ASMT MSR		J8521	CAPECITABINE ORAL 500 MG
G8054	PT NOT DOC ASSESSMENT FALLS W/IN LAST 12 MONTHS		J8530	Cyclophosphamide oral 25 MG
G8055	PATIENT DOC ASSESSMENT FALLS W/IN LAST 12 MONTHS		J8540	DEXAMETHASONE ORAL 0.25 MG
G8056	CLIN DOC PT NOT ELIG FALLS ASMT MSR W/I 12 MOS		J8560	Etoposide oral 50 MG
G8057	PT DOCUMENTD TO HAVE RECEIVED HEARING ASSESSMENT		J8565	GEFITINIB ORAL 250 MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8058	PT NOT DOC TO HAVE RECEIVED HEARING ASSESSMENT		J8597	ANTIEMETIC DRUG ORAL NOT OTHERWISE SPECIFIED
G8059	CLIN DOC PT NOT ELIG HEARING ASSESSMENT MEASURE		J8600	MELPHALAN; ORAL 2 MG
G8060	PT DOCUMENTED FOR THE ASSESSMENT URINARY INCONT		J8610	Methotrexate oral 2.5 MG
G8061	PT NOT DOCUMENTED FOR ASSESSMENT URINARY INCONT		J8650	NABILONE ORAL 1 MG
G8062	CLIN DOC PT NOT ELIG URIN INCONT ASSESSMENT MSR		J8700	TEMOZOLOMIDE ORAL 5 MG
G8075	ESRD PT W/DOC DIALYSIS DOSE OF URR >/= TO 65%		J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS
G8076	ESRD PT W/DOC DIALYSIS DOSE OF URR < 65%		J9000	DOXORUBICIN HCL 10 MG
G8077	CLIN DOC ERSD PT NOT ELIG URR OR KT/V MEASURE		J9010	ALEMTUZUMAB 10 MG
G8078	ERSD PT W/DOC HCT >/= TO 33 OR HGB >/= TO 11		J9015	ALDESLEUKIN PER SINGLE USE VIAL
G8079	ENDSTAGE RENAL DZ PT W/DOC HCT < 33 OR HGB < 11		J9017	ARSENIC TRIOXIDE 1MG
G8080	CLINICIAN DOC ERSD PT NOT ELIG FOR HCT MEASURE		J9020	ASPARAGINASE 10000 UNITS
G8081	ERSD PT RQR HD VASC ACSS DOC AUTOGEN AV FIST		J9031	BCG LIVE PER INSTILLATION
G8082	ERSD PT RQR HD DOC VASC ACSS NOT AUTOGEN AV FIST		J9040	BLEOMYCIN SULFATE 15 UNITS
G8085	ESRD PT RQR HD VAS ACCCESS NOT ELIGIBLE AV FIST		J9050	CARMUSTINE 100 MG
G8093	NEW DX COPD PT DOC SMOK CESS INTERVEN W/IN 3 MOS		J9055	INJECTION CETUXIMAB 10 MG
G8094	NEW DX COPD PT NOT DOC SMOK CESS INTRVN W/I 3 MO		J9060	CISPLATIN POWDER OR SOLUTION PER 10 MG
G8099	OSTEOPOROSIS PT DOC RX CALCIUM & VIT D SUPPLEMNT		J9062	CISPLATIN 50 MG
G8100	CLIN DOC OSTEOPOROS PT NOT ELIG CA&VIT D SUP MSR		J9065	INJECTION CLADRIBINE PER 1 MG
G8103	NEW DX OP PT DOC TREATED PTH IN 3 MONTHS OF DX		J9070	CYCLOPHOSPHAMIDE 100 MG
G8104	CLIN DOC NEW DX OP PT NOT ELIG PTH W/IN 3 MOS DX		J9080	CYCLOPHOSPHAMIDE 200 MG
G8106	W/I 6 MO NONTRAMA FX F 65/>DOC BMD/RX TX/PREV OP		J9090	CYCLOPHOSPHAMIDE 500 MG
G8107	CLN DOC F 65 YR/>NOT ELIG BMD/RX TX/PREV OP		J9091	CYCLOPHOSPHAMIDE 1 G
G8108	PT DOC TO HAVE RECEIVED FLU VACC DUR FLU SEASON		J9092	CYCLOPHOSPHAMIDE 2 G
G8109	PT NOT DOC RECV FLU VACC DUR INFLUENZA SEASON		J9093	CYCLOPHOSPHAMIDE LYOPHILIZED 100 MG
G8110	CLINICIAN DOC PT NOT ELIGIBLE FLU VAC MEASURE		J9094	CYCLOPHOSPHAMIDE LYOPHILIZED 200 MG
G8111	PT FE DOC RECV MAMMO MSR YR/PRIOR YR TO MSR YR		J9095	CYCLOPHOSPHAMIDE LYOPHILIZED 500 MG
G8112	PT FE NOT DOC RECV MAMMO MSR YR/PRIOR YR		J9096	CYCLOPHOSPHAMIDE LYOPHILIZED 1 G
G8113	CLINICIAN DOC FE PT NOT ELIG FOR MAMMO MEASURE		J9097	CYCLOPHOSPHAMIDE LYOPHILIZED 2 G
G8114	CLINICIAN DID NOT PROV CARE RQRD TM OF MAMMO MSR		J9098	CYTARABINE LIPOSOME 10 MG
G8115	PT DOCUMENTED TO HAVE RECEIVED PNEUMOCOCCAL VACC		J9100	CYTARABINE 100 MG
G8116	PT NOT DOC TO HAVE RECEIVED PNEUMOCOCCAL VACC		J9110	CYTARABINE 500 MG
G8117	CLIN DOC PT NOT ELIG PNEUMOCOCCAL VACC MSR		J9120	DACTINOMYCIN 0.5 MG
G8126	PT NEW EPIS MDD DOC TREATED AD 12 WK ACUTE PHASE		J9130	DACARBAZINE 100 MG
G8127	PT NEW EPIS MDD NOT DOC TX AD 12 WK ACUTE PHASE		J9140	DACARBAZINE 200 MG
G8128	CLIN DOC PT NEW EPIS MDD NOT ELIG AD TREATMENT		J9150	DAUNORUBICIN HCL 10 MG
G8129	PT DOC TX W/AD AT LEAST 6 MOS CONT TX PHASE		J9151	DAUNORUBICIN CITRATE LIPOSOMAL FORMULATION 10 MG
G8130	PT NOT DOC AS TX AD AT LEAST 6 MOS CONT TX PHASE		J9160	DENILEUKIN DIFTITOX 300 MCG
G8131	CLIN DOC PT NOT ELIG ANTIDEPRESS CONT TX PHASE		J9165	DIETHYLSTILBESTROL DIPHOSPHATE 250 MG
G8152	PT DOC RECEIVED ABX PROPH 1 HR PRIOR TO INCI TM		J9178	INJECTION EPIRUBICIN HCL 2 MG
G8153	PT NOT DOC RECV ANTIBIOTIC PROPH 1 HR TO INCI		J9181	ETOPOSIDE 10 MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8154	CLIN DOC PT NOT ELIG AB PROP 1HR PRIOR INCI TIME		J9182	ETOPOSIDE 100 MG
G8155	PT W/DOC RECEIPT THROMBOEMBOILISM PROPHYLAXIS		J9185	FLUDARABINE PHOSPHATE 50 MG
G8156	PT W/O DOC RECEIPT THROMBOEMBOLISM PROPHYLAXIS		J9190	FLUOROURACIL 500 MG
G8157	CLIN DOC PT NOT ELIG THROMBOEMBOLISM PROPH MSR		J9200	FLOXURIDINE 500 MG
G8158	PT DOC RECV CABG W/USE INTERNAL MAMMARY ARTERY		J9202	GOSERELIN ACETATE IMPLANT PER 3.6 MG
G8159	PT DOC RECV CABG W/O USE INTERNAL MAMMARY ARTERY		J9206	IRINOTECAN 20 MG
G8160	CLIN DOC PT NOT ELIG CABG W/INTRL MAMMRY ART MSR		J9208	IFOSFAMIDE PER 1 G
G8161	PT W/ISOLATED CABG DOC RECV PRE-OP BETA-BLOCKADE		J9209	MESNA 200 MG
G8162	PT W/ISOLATED CABG NO DOC RECV PRE-OP BETA-BLOCK		J9211	IDARUBICIN HCL 5 MG
G8163	CLIN DOC PT ISOLATD CABG NOT ELIG PRE-OP BB MSR		J9212	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG
G8164	PT W/ISOLATED CABG DOC PROLONGED INTUBATION		J9213	INTERFERON ALFA-2A RECOMBINANT 3 MILLION UNITS
G8165	PT W/ISOLATED CABG NOT DOC PRLONGED INTUBATION		J9214	INTERFERON ALFA-2B RECOMBINANT 1 MILLION UNITS
G8166	PT W/ISOLATED CABG DOC RQR SURG RE-EXPLORATION		J9215	INTERFERON ALFA-N3 250000 IU
G8167	PT W/ISOLATED CABG NOT RQR SURG RE-EXPLORATION		J9216	INTERFERON GAMMA-1B 3 MILLION UNITS
G8170	PT W/ISOLATED CABG DOC D/C ASPIRIN/CLOPIDOGREL		J9217	LEUPROLIDE ACETATE 7.5 MG
G8171	PT ISOLATED CABG NOT DOC D/C ASPIRIN/CLOPIDOGREL		J9218	LEUPROLIDE ACETATE PER 1 MG
G8172	CLIN DOC PT ISOLAT CABG NOT ELIG ANTIPLAT TX D/C		J9219	LEUPROLIDE ACETATE IMPLANT 65 MG
G8182	CLIN NOT PROV CARE CARD PT RQR TIME LDL MSR		J9226	SUPPRELIN LA IMPLANT
G8183	PT W/HF & ATRIAL FIBRILLATION DOC ON WARFARIN TX		J9230	MECHLORETHAMINE HCL 10 MG
G8184	CLIN DOC PT W/HF & AF NOT ELIG WARFARIN TX MSR		J9245	INJECTION MELINJECTION MELPHALAN HCL 50 MG
G8185	PT DX W/SX OA W/DOC ANNUAL ASSESS FUNCT&PAIN		J9250	METHOTREXATE SODIUM 5 MG
G8186	CLIN DOC SX OA PT NOT ELIG ANL ASSESS FUNCT&PAIN		J9260	METHOTREXATE SODIUM 50 MG
G8191	CLIN DOC ORDER PROPH ABX W/I 1 HR PRIOR SURG INC		J9261	INJECTION NELARABINE 50 MG
G8192	CLIN DOC GIVEN PROPH ABX W/I 1 HR PRIOR SURG INC		J9265	PACLITAXEL 30 MG
G8193	CLIN NOT DOC ORDER PROPH ABX 1 HR PRIOR SX GIVEN		J9268	PENTOSTATIN PER 10 MG
G8194	CLIN DOC PT WAS NOT ELIGIBLE PROPH ANTIBIOTIC		J9270	PLICAMYCIN 2.5 MG
G8195	CLIN DOC GIVEN PROPH ABX W/I 1 HR PRIOR SURG INC		J9280	MITOMYCIN 5 MG
G8196	CLIN NOT DOC PROPH ABX ADMIN 1 HR PRIOR SURG INC		J9290	MITOMYCIN 20 MG
G8197	PT DOC ORDER PROPH ABX BE GIVEN 1 HR PRIOR SURG		J9291	MITOMYCIN 40 MG
G8198	PT DOC ORDR CEFAZOLIN/CEFUROXIME ANTIMICRB PROPH		J9293	INJECTION MITOXANTRONE HCL PER 5 MG
G8199	CLIN DOC GIVEN CEFAZOLIN/CEFUROX ANTIMICRB PROPH		J9303	PANITUMUMAB INJECTION
G8200	ORDR CEFAZOLN/CEFUROXIME ANTIMICRB PROPH NOT DOC		J9320	STREPTOZOCIN 1 GM
G8201	PT NOT ELIG CEFAZOLIN/CEFUROXIME ANTIMICRB PROPH		J9340	THIOTEPA 15 MG
G8202	CLIN DOC ORDER DC PROPH ABX W/I 24 HR SURG END		J9355	TRASTUZUMAB 10 MG
G8203	CLIN DOC PROPH ABX DC W/I 24 HR SURG END TIME		J9357	VALRUBICIN INTRAVESICAL 200 MG
G8204	CLIN NOT DOC ORDER DC PROPH ABX 24 HR SURG END		J9360	VINBLASTINE SULFATE 1 MG
G8205	CLIN DOC PT NOT ELIG PROPH ABX DC 24 HR SURG END		J9370	VINCRISTINE SULFATE 1 MG
G8206	CLINICIAN DOC THAT PROPH ANTIBIOTIC WAS GIVEN		J9375	VINCRISTINE SULFATE 2 MG
G8207	CLIN DOC ORDER DC PROPH ABX W/I 48 HR SURG END		J9380	VINCRISTINE SULFATE 5 MG
G8208	CLIN DOC PROPH ABX DC W/I 48 HR SURG END TIME		J9390	VINORELBINE TARTRATE PER 10 MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8209	CLIN NOT DOC ORDER DC PROPH ABX 48 HR SURG END		J9395	INJECTION FULVESTRANT 25 MG
G8210	CLIN DOC PT NOT ELIG PROPH ABX DC 48 HR SURG END		J9600	PORFIMER SODIUM 75 MG
G8211	CLINICIAN DOC THAT PROPH ANTIBIOTIC WAS GIVEN		J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG
G8212	CLIN DOC ORDER VTE PROPH 24 HR PRIOR/AFTER SURG		K0009	Other manual wheelchair/base
G8213	CLIN DOC GIVEN VTE PROPH 24 HR PRIOR/AFTER SURG		K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
G8214	CLIN NOT DOC ORDER VTE PROPH 24 HR PRIOR/AFTR SX		K0065	SPOKE PROTECTORS EACH
G8215	CLIN DOC PT INELIG VTE PROPH 24 HR PRIOR/AFTR SX		K0108	Other accessories
G8216	PT DOC RECEIVED DVT PROPH BY END HOSPITAL DAY 2		K0455	INFUSION PUMP UNINTERRUPTED PARENTERAL ADMIN MED
G8217	PT NOT DOC RECEIVED DVT PROPH BY END HOSP DAY 2		K0462	TEMP REPL PT OWNED EQUIP BEING REPR ANY TYPE
G8218	PT NOT ELIG DVT PROPH HOSP DAY 2 PHYS DOC PT AMB		K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE
G8219	PT DOC RECEIVED DVT PROPH BY END HOSPITAL DAY 2		K0607	REPL BATTRY AUTO EXT DEFIB GARMNT TYPE ONLY EA
G8220	PT NOT DOC RECEIVED DVT PROPH BY END HOSP DAY 2		K0608	REPLACEMENT GARMENT USE W/AUTO EXTERNAL DEFIB EA
G8221	CLIN DOC PT NOT ELIG DVT PROPH BY END HOSP DAY 2		K0609	REPL ELEC W/AUTO EXT DEFIB GARMNT TYPE ONLY EA
G8222	PT DOC PRESCRIBED ANTIPLATELET THERAPY DISCHARGE		K0669	WC ACCESS WC SEAT/BACK CUSHION NO SADMERC
G8223	PT NOT DOC REC RX ANTIPLATELET THERAPY DISCHARGE		K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM
G8224	CLIN DOC PT NOT ELIG ANTIPLATELET TX DC PT ON AC		K0738	PORTABLE GASEOUS O2 SYS RENTAL; HOME COMPRESSOR
G8225	PT DOC PRESCRIBED ANTICOAGULANT AT DISCHARGE		K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED
G8226	PT NOT DOC REC RX ANTICOAGULANT TX AT DISCHARGE		K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS
G8227	PT NOT DOC PERM PERSIST/PAROX ATRIAL FIBRLLATION		K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS
G8228	CLIN DOC PT NOT ELIG ANTICOAGULANT TX AT DISCHRG		K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS
G8229	PATIENT DOC ADMINISTERED OR CONSIDERED T-PA		K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB
G8230	PT NOT ELIG T-PA ADMIN ISCHEMIC STROKE SX >3 HR		K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB
G8231	PT NOT DOC REC TPA OR NOT DOC CONSIDERD TPA ADMN		K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB
G8232	PT DOC REC DYSPHAGIA SCR PRIOR FOOD FLUID OR MED		K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS
G8234	PT NOT DOC HAVE RECEIVED DYSPHAGIA SCREENING		K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB
G8235	PT NOT REC OR INELIG FOOD FLUID OR MED MOUTH NPO		K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB
G8236	CLIN DOC PT INELIG DYSPHAG SCR PRIOR FOOD FL/MED		K0885	PWR WC GRP 4 STD MX PWR CAPT CHAIR TO &=300 LBS
G8237	PT DOC REC ORDER REHAB SRVC OR CONSIDER REHAB		K0886	PWR WC GRP 4 HD MX PWR SLING SEAT PT 301-450 LBS
G8238	PT NOT DOC REC ORDER OR CONSIDERATION REHAB SRVC		K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB
G8239	INT CAROTID STENOSIS PT BELOW 30% MSR DIST IC D		K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB
G8240	CAROTID IMAG STDY REPRT NOT INCL DOC REF TO MSR		K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED
G8241	CL DOC PT FINAL CAROTID IMAG STEN 30-99% INELIG		K0899	PWR MOBILITY DVC NOT CODED SADMERC/NOT MEET CRIT
G8242	PT DOC REC CT/MRI HEM LES AC INF DOC FINAL RPT		L0112	CRANIL CERV ORTHOS CONGN TORTICOLLIS TYPE CUSTOM
G8243	PT NOT DOC REC CT/MRI HEM LES INF NOT FINAL RPT		L0452	TLSO FLXIBLE PROV TRNK SUPP UP THOR RGN CSTM FAB
G8245	CLINICIAN DOC PRESENCE OR ABSENCE ALARM SYMPTOMS		L0623	SACROILIAC ORTHOS RIGID/SEMI-RIGID PANELS PREFAB
G8246	PT NOT ELIG MED HX REV ASSESS NEW/CHANGING MOLES		L0624	SACROIL ORTHOS W/ RIGD/SEMI-RIGD PANELS CSTM FAB
G8247	PT W/ALARM SX DOC HAD UPPER ENDO OR REF UP ENDO		L0629	LUMBAR-SACRAL ORTHOSIS FLEXIBLE CUSTOM FAB
G8248	PT AT LEAST 1 ALARM SX NOT DOC HAD UP ENDO/REF		L0632	LUMBAR-SACR ORTHOS W/RIGD ANT&POST PANL CSTM FAB
G8249	CLIN DOC PT NOT ELIGIBLE CANDIDATE UPPER ENDO		L0634	LUMBAR-SAC ORTHOS RIGD POST FRAME/PANL CSTM FAB
G8250	PT SUSPICION BARRETTS ESOPH ENDO RPT DOC REC BX		L0999	ADDITION TO SPINAL ORTHOSIS NOS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8251	PT NOT DOC REC ESOPH BX SUSPICION BARRETT ESOPH		L1001	CERV THOR LUMB SACRAL IMMOBLIZR INFANT SZ PREFAB
G8252	CLIN DOC PT NOT ELIGIBLE CANDIDATE ESOPHAGEAL BX		L1499	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED
G8253	PT DOC RECEIVED ORDER FOR BARIUM SWALLOW TEST		L2999	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED
G8254	PATIENT WITH NO DOC ORDER BARIUM SW SWALLOW TEST		L3000	FT INSRT MOLD PT MDL UCB TYPE BERKLY SHELL EA
G8255	CLIN DOC PT ELIG CANDIDATE BARIUM SWALLOW TEST		L3001	FOOT INSERT REMOVABLE MOLDED PT MODEL SPENCO EA
G8256	CLIN DOC RECONCILIATION DC MED CURR MED LIST REC		L3002	FOOT INSRT REMV MOLDED PT MDL PLASTAZOTE/EQUL EA
G8257	CLIN NOT DOC RECONCILIATION DC MED CURR MED LIST		L3003	FOOT INSERT REMV MOLDED PT MODEL SILICONE GEL EA
G8258	PT NOT ELIGIBLE CANDIDATE DISCHARGE MED REVIEW		L3010	FT INSRT REMV MOLD PT MDL LNGTUDNL ARCH SUPP EA
G8259	PT DOC SURROGATE DECISN MAKER/ADVANCE CARE PLAN		L3020	FOOT INSRT REMV MOLD PT MDL LNGTUDNL/MT SUPP EA
G8260	PT NOT DOC SURROGATE DECISN MAKER/ADV CARE PLAN		L3030	FOOT INSERT REMOVABLE FORMED PATIENT FOOT EACH
G8261	CLIN PT INELIG SURROG DECISN MAKER/ADV CARE PLAN		L3031	FOOT INSRT/PLAT REMV ADD LW EXT ORTHOF HI STRGTH
G8262	PT DOC ASSESS PRESENCE/ABSENCE URINARY INCONT		L3040	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL EA
G8263	PT NOT DOC ASSESS PRESENCE/ABSENCE URIN INCONT		L3050	FOOT ARCH SUPPORT REMOVABLE PREMOLDED MT EA
G8264	CLIN DOC PT NOT ELIG ASSESS URINARY INCONTINENCE		L3060	FOOT ARCH SUPPORT REMV PREMOLDED LONGTUDNL/MT EA
G8265	PT DOC CHARACTERIZATION OF URINARY INCONTINENCE		L3070	FOOT ARCH SUPPORT NONREMV ATTCH SHOE LNGTUDNL EA
G8266	PT NOT DOC CHARACTERIZATION URINARY INCONTINENCE		L3080	FOOT ARCH SUPPORT NONREMOVABLE ATTCH SHOE MT EA
G8267	PT DOC RECV PLAN OF CARE URINARY INCONTINENCE		L3090	FOOT ARCH SUPP NONREMV ATTCH SHOE LNGTUDNL/MT EA
G8268	PT NOT DOC PLAN OF CARE FOR URINARY INCONTINENCE		L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE
G8269	CLIN NOT PROV CARE DEVELOP POC URINARY INCONT		L3170	FOOT PLASTIC SILICONE/EQUAL HEEL STABILIZER EACH
G8270	PT DOC SCREENING FALL RISK 2/> FALLS PAST YEAR		L3224	ORTHOPED FOOTWEAR WOMAN SHOE OXFRD PART BRACE
G8271	PT W/NO DOC SCREENING FUTURE FALL RISKS		L3225	ORTHOPED FOOTWEAR MAN SHOE OXFRD PART BRACE
G8272	CLIN DOC PT NOT ELIG FOR FALL RISK SCREENING		L3649	ORTHOPED SHOE MODIFICATION ADDITION/TRANSFER NOS
G8273	CLIN NOT PROV CARE REQ TIME SCREEN FOR FALL RISK		L3677	SHLDR ORTHOS HARD PLSTC SHLDR STABILIZER PRE-FAB
G8274	CLIN NOT DOC PRESENCE/ABSENCE OF ALARM SYMPTOMS		L3807	WHFO W/O JOINT PREFAB INCL FIT&ADJS ANY TYPE
G8275	PT DOC MED HX TAKEN INCL ASSESS NEW/CHNG MOLES		L3956	ADD JNT UPPER EXTREM ORTHOSIS ANY MATERIAL; JNT
G8276	PT NOT DOC RECVD MED HX W/ASSESS NEW/CHNG MOLES		L3999	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED
G8277	PT NOT ELIG MED HX REV W/ASSESS NEW/CHNG MOLES		L4210	REPAIR ORTHOTIC DEVC REPAIR/REPLACE MINOR PARTS
G8278	PT DOC RECEIVED COMPLETE PHYSICAL SKIN EXAM		L4392	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO
G8279	PT NOT DOC HAVE RECEIVED CMPL PHYSICAL SKIN EXAM		L4394	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT
G8280	PT NOT ELIG CMPL PHYSICAL SKIN EXAM DUR RPT YEAR		L5782	ADD LW LIMB PROS RESIDUL LIMB MGMT SYS HEVY DUTY
G8281	PT DOC RECEIVED COUNSELING TO PRFRM SELF-EXAM		L5990	ADD LOW EXTREM PROSTH USER ADJUSTBLE HEEL HT
G8282	PT NOT DOC RECEIVED COUNSELING PRFRM SELF-EXAM		L5993	ADD LOWER EXT PROSTHESIS HEAVY DUTY FOOT ONLY
G8283	PT NOT ELIG COUNSELING TO PRFRM SELF-EXAMINATION		L5994	ADD LOWER EXT PROSTHESIS HEAVY DUTY KNEE ONLY
G8284	PT DOC RECEIVED PRSC PHRMCL TX FOR OSTEOPOROSIS		L5995	ADD LOWER EXT PROSTH HVY DUTY OTH THAN FOOT/KNEE
G8285	PT NOT DOC HAVE RECEIVED PHRMCL THERAPY		L5999	LOWER EXTREMITY PROSTHESIS NOS
G8286	CLIN DOC PT NOT ELIG CANDIDATE PHRMCL THERAPY		L6881	AUTOMATIC GRASP ADD UPPER LIMB ELEC PROSTH DEVC
G8287	CLIN NOT PROV CARE PT RQR TIME PHRMCL TX MSR		L6882	MICRPRROCSS CNTRL FEATUR ADD UP LIMB PROSTH DEVC
G8288	PT DOC RECVD CAL&VIT D/CNSL ON CAL&VIT D&EXER		L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC
G8289	PT NO DOC CAL&VIT D USE/CNSL CAL&VIT D USE/EXER		L7499	UPPER EXTREMITY PROSTHESIS NOS
G8290	CLIN DOC PT NOT ELIG CALCM&VIT D&EXER DUR RPT YR		L7500	REPAIR OF PROSTHETIC DEVICE HOURLY RATE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8291	CLIN NOT PROV CARE PT REQRD TIME CAL D&EXER MSR		L7510	REPR PROSTHETIC DEVICE REPR/REPLACE MINOR PARTS
G8292	COPD PATIENT WITH SPIROMETRY RESULTS DOCUMENTED		L7600	PROSTHETIC DONNING SLEEVE ANY MATERIAL EACH
G8293	COPD PATIENT W/O SPIROMETRY RESULTS DOCUMENTED		L7900	MALE VACUUM ERECTION SYSTEM
G8294	COPD PATIENT NOT ELIGIBLE FOR SPIROMETRY RESULTS		L8039	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED
G8295	COPD PT DOC RECV INHALED BRONCHODILATOR THERAPY		L8040	NASAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN
G8296	COPD PT NOT DOC INHALED BRONCHODILATOR TX PRSCED		L8041	MIDFACIAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN
G8297	COPD PT NOT ELIG INHALED BRONCHODILATOR THERAPY		L8042	ORBITAL PROSTHESIS PROVIDED BY A NON-PHYSICIAN
G8298	PT DOC RECEIVED OPTIC NERVE HEAD EVALUATION		L8043	UPPER FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN
G8299	PT NOT DOC RECEIVED OPTIC NERVE HEAD EVALUATION		L8044	HEMI-FACIAL PROSTHESIS PROVIDED A NON-PHYSICIAN
G8300	CLIN DOC PT NOT ELIG ONH EVAL DUR RP YR		L8045	AURICULAR PROSTHESIS PROVIDED BY A NON-PHYSICIAN
G8301	CLIN NOT PROV CARE PRIM OAG PT TIME ONH EVAL MSR		L8046	PARTIAL FACIAL PROSTHESIS PROVIDED NON-PHYSICIAN
G8302	PT DOC SPEC TARGET INTRAOCULAR PRESS RANGE GOAL		L8047	NASAL SEPTAL PROSTHESIS PROVIDED A NON-PHYSICIAN
G8303	PT NOT DOC SPEC TARGET IO PRESS RANGE GOAL		L8048	UNS MAXILLOFCE PROSTH BR PROVIDED NON-PHYSICIAN
G8304	CLIN DOC PT NOT ELIG SPEC TRGT IO PRESS RNG GOAL		L8049	REP/MOD MAXLOFCE PROSTH LABR EA 15 MIN NON-MD
G8305	CLIN NOT PROV CARE POAG PT TIME TX GOAL DOC MSR		L8499	UNLISTED PROC MISCELLANEOUS PROSTHETIC SERVICES
G8306	PRIM OAG PT W/IO PRESS ABVE TRGT GOAL DOC POC		L8505	ARTFICL LARYNX REPLCMT BATTRY/ACCESS ANY TYPE
G8307	PRIM OAG PT W/IO PRESS @/BELW GOAL NO POC NECES		L8511	INSRT INDWLL TRACHEOESOPH PROS W/WO VALV REPLCMT
G8308	POAG PT W/IO PRESS ABV TARGET & NOT DOC RECV POC		L8512	GELATIN CAPS/EQUVALNT W/TRACHEOESOPH VOICE PROS
G8309	PT DOC PRSC/RECOM ANTIOXIDANT VIT/MIN SUPPLEMENT		L8513	CLEANING DEVC USED W/TRACHEOESOPH VOICE PROS PIP
G8310	PT NOT DOC PRSC/RECOM AREDS FORMULATION		L8514	TRACHEOESOPH PUNCTURE DILAT REPLACEMENT ONLY EA
G8311	CLIN DOC PT NOT ELIG ANTIOX VIT/MIN SUPL DUR YR		L8515	GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH
G8312	CLIN NOT PROV CARE AGE-REL MD PT ANTIOX SUPL PRS		L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL
G8313	PT DOC RECV MAC EX INCL DOC MAC THICK/HEM MD SEV		L8603	INJ BULK AGT COLL IMPL URIN TRACT 2.5 ML SYRINGE
G8314	PT NOT DOC MAC EX MAC THICK/HEM&NO DOC MD SEV		L8606	INJ BULK AGT SYNTH IMPL URIN TRACT 1 ML SYRINGE
G8315	CLIN DOC PT NOT ELIG MACULAR EX DUR REPORT YEAR		L8609	ARTIFICIAL CORNEA
G8316	CLIN NOT PROV CARE AGE-REL MD PT TIME MAC EX MSR		L8610	Ocular implant
G8317	PT DOC TO HAVE VISUAL FUNCTIONAL STATUS ASSESSED		L8612	AQUEOUS SHUNT
G8318	PT DOC NOT TO HAVE VISUAL FUNC STATUS ASSESSED		L8613	OSSICULA IMPLANT
G8319	CLIN DOC PT NOT ELIG ASSESS VISUAL FUNC STATUS		L8614	COCHLEAR DEVICE INCLUDES ALL INT&EXT COMPONENTS
G8320	CLIN NOT PROV CARE CAT PT VISUAL FUNC STS MSR		L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPL
G8321	PT DOC PRE-SURG AXL LEN CORN PWR & IOL PWR CALC		L8621	ZINC AIR BATTERY COCHLEAR IMPLANT DEVC REPL EA
G8322	PT NOT DOC PRE-SURG AXL LEN CRN PWR&IOL PWR CALC		L8622	ALKALIN BATTRY COCHLEAR IMPL DEVC ANY SZ REPL EA
G8323	CLIN DOC PT NOT ELIG PRE-SURG AXIAL LENGTH		L8630	METACARPOPHALANGEAL JOINT IMPLANT
G8324	CLIN NOT PROV CARE CAT PT PRE-SURG MSR&IOL PWR		L8631	MPJ REPLCMT TWO/MORE PECES METL CERAM-LIKE MATL
G8325	PT DOC RECV FUND EVAL W/I 6 MOS PRIOR CAT SURG		L8641	Metatarsal joint implant
G8326	PT NOT DOC RECEIVED DILATED FUNDUS EVALUATION		L8642	Hallux implant
G8327	PATIENT WAS NOT AN ELIG FOR PRE-SURG FUNDUS EVAL		L8658	INTERPHALANGEAL JOINT SPACER SILICONE/EQUAL EACH
G8328	CLIN NOT PROV CARE CAT PT RQR TIME FUND EVAL MSR		L8659	IP FNGR JNT REPLCMT 2/MORE PECES METL CERAM-LIKE
G8329	PT DOC D MAC/FUND EX RETINOPATHY&MAC EDEMA DOC		L8670	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT
G8330	PT NOT DOC D MAC/FUND EX MAC EDEMA NOT DOC		L8680	IMPLANTABLE NEUROSTIMULATOR ELECTRODE EACH

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8331	CLIN DOC PT NOT ELIG D MAC/FUND EX DUR REPORT YR		L8681	PT PROG USE W/IMPLANT PROG NEUROSTIM PULSE GEN
G8332	CLIN NOT PROV CARE DIAB RETINOPATHY PT MAC EDEMA		L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQ RECEIVER
G8333	PT DOC FIND MAC/FUND EX CMNCT PHYS MAN DIAB CARE		L8683	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV
G8334	DOC FIND MAC/FUND EX NOT CMNC PHYS MAN DIAB CARE		L8684	RF TRNSMT BOWEL & BLADDER MANAGEMENT; REPL
G8335	CLIN DOC PT NOT ELIG MAC/FUND EX CMNC PHYS DIAB		L8685	IMPLANT NEUROSTIM 1 ARRAY RECHARGEABLE
G8336	CLIN NOT PROV CARE DIAB PT PHYS CMNC MSR		L8686	IMPLANT NEUROSTIM 1 ARRAY NON-RECHARGEABLE
G8337	CLIN DOC CMNC PHYS CARE PT FRAC TESTED OSTEO		L8687	IMPLANT NEUROSTIM 2 ARRAY RECHARGEABLE
G8338	CLIN NOT DOC CMNC PHYS PT FRAC PT TESTED OSTEO		L8688	IMPLANT NEUROSTIM 2 ARRAY NON-RECHARGEABLE
G8339	PT NOT ELIG CMNC PHYS PT FRAC PT TESTED OSTEO		L8689	EXTERNAL RECHARGING SYS BATTERY IMPL NEUROSTIM
G8340	PT DOC DEXA PRFRM&RSLT DOC/ORDR/PHRMC TX PRSCR		L8690	AUDITORY OSSEOINTEGRATED DEVC INT/EXT COMPONENTS
G8341	PT NOT DOC CENTRAL DXA MSR/PHRMCL TX		L8691	AUDITORY OSSEOINTEGRATD DEVC EXT SOUND PROC REPL
G8342	CLIN DOC PT NOT ELIG CNTRL DEXA MSR/PRSCR PHRMCL		L8695	EXT RECHARGING SYSTEM BATTERY W/IMPL NEUROSTIM
G8343	CLIN NOT PROV CARE TIME DEXA MSR/PHRMCL TX MSR		L8699	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED
G8344	PT DOC DEXA ORDR/PRFRM&RSLT DOC/PHRMC TX PRSC		L9900	ORTHO&PROS SPL ACSS&/SRVC CMPNT OTH HCPCS L CODE
G8345	PT NOT DOC CENTRAL DXA MSR/PHRMC TX		M0064	BRF OV MONITOR/CHANGING RX PRSCS-TX MENTL D/O
G8346	CLIN DOC PT NOT ELIG CENTRAL DEXA MSR/PHRMC TX		M0075	Cellular therapy
G8347	CLIN NOT PROV CARE PT DEXA MSR/PHRMC TX MSR		M0076	Prolotherapy
G8348	INT CAROTID STENOSIS PT 30-99% DOC DIST IC D		M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING
G8349	PT NOT ELIG DOC OF PRESENCE/ABSENCE OF ALARM SX		M0300	IV CHELATION THERAPY
G8350	PT DOC TO HAVE HAD 12-LEAD ECG PERFORMED		M0301	FABRIC WRAPPING OF ABDOMINAL ANEURYSM
G8351	PATIENT NOT DOCUMENTED TO HAVE HAD ECG		P2028	CEPHALIN FLOCULATION BLOOD
G8352	CLIN DOC PT WAS NOT AN ELIG CANDIDATE FOR ECG		P2029	CONGO RED BLOOD
G8353	PT DOC TO HAVE RECV/TAKEN ASPIRIN 24 HR BEFOR ER		P2031	Hair analysis
G8354	PT NOT DOC RECV/TAKEN ASPIRIN 24 HRS B4 ER		P2033	THYMOL TURBIDITY BLOOD
G8355	CLINC DOC PT NOT ELIG CANDIDATE TO RECV ASPIRIN		P2038	MUCOPROTEIN BLOOD
G8356	PT DOC TO HAVE HAD ECG PERFORMED		P3000	SCR PAP SMEAR UP TO 3 SMEARS TECH UND PHYS SUPV
G8357	PT NOT DOC TO HAVE HAD ECG PERFORMED FOR SYNCOPE		P3001	SCR PAP SMER CERV/VAG TO 3 SMERS RQR INTEPR PHYS
G8358	CLIN DOC PT NOT ELIG CANDIDATE FOR ECG		P7001	CULT BACTERL URINE; QUAN SENSITIVITY STUDY
G8359	PT DOC HAD VITAL SIGNS RECORDED AND REVIEWED		P9010	BLOOD FOR TRANSFUSION PER UNIT
G8360	PT NOT DOC HAVE VITAL SIGNS RECORDED & REVIEWED		P9011	BLOOD SPLIT UNIT
G8361	PT DOC TO HAVE OXYGEN SATURATION ASSESSED		P9012	Cryoprecipitate each unit
G8362	PT NOT DOC TO HAVE OXYGEN SATURATION ASSESSED		P9016	RED BLOOD CELLS LEUKOCYTES REDUCED EACH UNIT
G8363	CLIN DOC PT NOT ELIG OXYGEN SATURATION ASSESS		P9017	FRESH FRZN PLASMA FRZN WITHIN 8 HRS CLCT EA UNIT
G8364	PT DOC TO HAVE MENTAL STATUS ASSESSED		P9019	PLATELETS EACH UNIT
G8365	PT NOT DOC TO HAVE MENTAL STATUS ASSESSED		P9020	PLATELET RICH PLASMA EACH UNIT
G8366	PT DOC TO HAVE APPROP EMPIRIC ANTIBIOTIC PRSC		P9021	RED BLOOD CELLS EACH UNIT
G8367	PT NOT DOC TO HAVE APPROP EMPIRIC ABX PRSC		P9022	RED BLOOD CELLS WASHED EACH UNIT
G8368	CLIN DOC PT NOT ELIB FOR APPROP EMPIRIC ABX		P9023	PLSMA MX DONR SOLVNT/DETRGNT TREATD FRZN EA U
G8370	ASTHMA PT W/NUM FREQ SYMP/PT CMPL ASSESS NOT DOC		P9031	PLATELETS LEUKOCYTES REDUCED EACH UNIT
G8371	CHEMO DOC NOT RECVD/PRSC STAGE III COLON CA PTS		P9032	PLATELETS IRRADIATED EACH UNIT

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8372	CHEMO DOC RECVD/PRSC STAGE III COLON CANCER PTS		P9033	PLATELETS LEUKOCYTES REDUCED IRRADIATED EA UNIT
G8373	CHEMOTHAPY PLAN DOC PRIOR CHEMO ADMINISTRATION		P9034	PLATELETS PHERESIS EACH UNIT
G8374	CHEMO PLAN NOT DOC PRIOR CHEMO ADMINISTRATION		P9035	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT
G8375	CLL PT W/NO DOC BASELINE FLOW CYTOMETRY PERFORMD		P9036	PLATELETS PHERESIS IRRADIATED EACH UNIT
G8376	CLIN DOC BRST CA PT NOT ELIG TAMOXIFEN/AIT MSR		P9037	PLATLTS PHERES LEUKOCYTES RDUC IRRADATD EA UNIT
G8377	CLIN DOC COLON CA PT NOT ELIGIBLE CHEMO MEASURE		P9038	RED BLOOD CELLS IRRADIATED EACH UNIT
G8378	CLIN DOC PT NOT ELIG RADIATION THERAPY MEASURE		P9039	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT
G8379	DOC RADIATION TX RECOMMEND WITHIN 12 MOS 1ST OV		P9040	RBCS LEUKOCYTES REDUCED IRRADIATED EACH UNIT
G8380	FOR PT STG IC-III BRST CA NOT DOC REC TAMOXIFEN		P9041	INFUSION ALBUMIN HUMAN 5% 50 ML
G8381	FOR PT STG IC-III BRST CA DOC REC TAMOXIFEN		P9043	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 50 ML
G8382	MM PT NO DOC PRSRB/RECV IV BISPHOSPHONATE TX		P9044	PLASMA CRYOPRECIPITATE REDUCED EACH UNIT
G8383	NO DOC RADIATION TX RECOMMEND IN 12 MOS 1ST OV		P9045	INFUSION ALBUMIN HUMAN 5% 250 ML
G8384	BL CYTOGENETIC TEST NOT PRFRM PT MDS/ACUT LEUKEM		P9046	INFUSION ALBUMIN HUMAN 25% 20 ML
G8385	DIABETIC PT W/NO DOC OF HEMOGLOBIN A1C LEVEL		P9047	INFUSION ALBUMIN HUMAN 25% 50 ML
G8386	DIABETIC PT W/NO DOC OF LOW-DENSITY LIPOPROTEIN		P9048	INFUSION PLASMA PROTEIN FRACTION HUMAN 5% 250 ML
G8387	ESRD PT WITH HEMATOCRIT OR HEMOGLOBIN NOT DOC		P9050	GRANULOCYTES PHERESIS EACH UNIT
G8388	ESRD PT WITH URR OR KT/V NOT DOC BUT ELIG MSR		P9051	WHOLE BLD/RBCS LEUKOCYTES RDUC CMV-NEG EA UNIT
G8389	MDS PT NO DOC IRON STORE PRIOR ERYTHROPOIETIN TX		P9052	PLT HLA-MATCHD LEUKOCYTES RDUC APHERES/PHERE EA
G8390	DIABETIC PT W/NO DOC BLOOD PRESSURE MEASUREMENT		P9053	PLT PHERES LEUKOCYTES RDUC CMV-NEG IRRADATD EA
G8391	PT ASTHMA NO DOC LT CNTRL MED/ACCEPT ALT TX PRSC		P9054	WB/RBCS LEUKOCYTES RDUC FRZN DEGLYCEROL WASHD EA
G8395	LVEF>=40% DOC NORMAL OR MILD		P9055	PLT LEUKOCYTES RDUC CMV-NEG APHERES/PHERES EA
G8396	LVEF NOT PERFORMED		P9056	WHOLE BLD LEUKOCYTES REDUCED IRRADIATED EA UNIT
G8397	DIL MACULA/FUNDUS EXAM/W DOC		P9057	RBCS FRZN/DEGLYCEROLIZED/WASHED LEUKOCYTES RDUC
G8398	DIL MACULAR/FUNDUS NOT PERFO		P9058	RBCS LEUKOCYTES REDUCED CMV-NEG IRRADATD EA UNIT
G8399	PT W/DXA DOCUMENT OR ORDER		P9059	FRESH FRZN PLASMA BETWN 8-24 HR CLCT EA UNIT
G8400	PT W/DXA NO DOCUMENT OR ORDER		P9060	FRESH FROZEN PLASMA DONOR RETESTED EACH UNIT
G8401	PT INELIG OSTEO SCREEN MEASU		P9603	TRAVEL 1 WAY MED NEC LAB SPEC; PRORAT ACTL MILE
G8402	SMOKE PREVEN INTERVEN COUNSE		P9604	TRAVEL 1 WAY MED NEC LAB SPEC; PRORATD TRIP CHRG
G8403	SMOKE PREVEN NOCOUNSEL		P9612	CATH CLCT SPECIMEN SINGLE PT ALL PLACES SERVICE
G8404	LOW EXTEMITY NEUR EXAM DOCUM		P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN
G8405	LOW EXTEMITY NEUR NOT PERFOR		Q0035	Cardiokymography
G8406	PT INELIG LOWER EXTREM NEURO		Q0081	INFUS TX USING OTH THAN CHEMOTHERAPEUTC RX VISIT
G8407	ABI DOCUMENTED		Q0083	CHEMO ADMIN OTH THAN INFUS TECH ONLY PER VISIT
G8408	ABI NOT DOCUMENTED		Q0084	CHEMOTHERAPY ADMIN INFUS TECHNIQUE ONLY VISIT
G8409	PT INELIG FOR ABI MEASURE		Q0085	CHEMOTHAPY ADMN BOTH INFUS TECH&OTH TECHIQUE-VST
G8410	EVAL ON FOOT DOCUMENTED		Q0091	SCREEN PAP SMEAR; OBTAIN PREP &C ONVEY TO LAB
G8415	EVAL ON FOOT NOT PERFORMED		Q0114	Fern test
G8416	PT INELIG FOOTWEAR EVALUATION		Q0115	POST-COITAL DIRECT QUAL EXAM VAGINAL/CERV MUCOS
G8417	BMI >=30 CALCUATE W/FOLLOWUP		Q0163	DIPHENHYDRAMINE HCL 50 MG ORAL NOT>48 HR DOSE
G8418	BMI < 22 CALCUATE W/FOLLOWUP		Q0164	PROCHLORPERAZINE MALEATE 5 MG ORL NOT>48 HR DOSE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8419	BMI>=30 OR<22 CAL NO FOLLOWUP		Q0165	PROCHLORPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE
G8420	BMI<30 AND >=22 CALC & DOCU		Q0166	GRANISETRON HCL 1 MG ORL NOT >48 HR DOSE REGIMEN
G8421	BMI NOT CALCULATED		Q0167	DRONABINOL 2.5 MG ORAL NOT >48 HR DOSE REGIMEN
G8422	PT INELIG BMI CALCULATION		Q0168	DRONABINOL 5 MG ORAL NOT>48 HR DOSE REGIMEN
G8423	PT SCREEN FLU VAC & COUNSEL		Q0169	PROMETHAZINE HCL 12.5 MG ORAL NOT>48 HR DOSE
G8424	FLU VACCINE NOT SCREEN		Q0170	PROMETHAZINE HCL 25 MG ORAL NOT >48 HR DOSE
G8425	FLU VACCINE SCREEN NOT CURRE		Q0171	CHLORPROMAZINE HCL 10 MG ORAL NOT >48 HR DOSE
G8426	PT NOT APPROP SCREEN & COUNC		Q0172	CHLORPROMAZINE HCL 25 MG ORAL NOT >48 HR DOSE
G8427	DOC MEDS VERIFIED W/PT OR RE		Q0173	TRIMETHOBENZAMIDE HCL 250 MG ORL NOT>48 HR DOSE
G8428	MEDS DOCUMENT W/O VERIFICA		Q0174	THIETHYLPERAZINE MALEATE 10 MG ORL NOT>48HR DOSE
G8429	INCOMPLETE DOC PT ON MEDS		Q0175	PERPHENZAINE 4 MG ORAL NOT >48 HR DOSE REGIMEN
G8430	PT INELIG MED CHECK		Q0176	PERPHENZAINE 8MG ORAL NOT >48 HR DOSE REGIMEN
G8431	CLIN DEPRESSION SCREEN DOC		Q0177	HYDROXYZINE PAMOATE 25 MG ORAL NOT >48 HR DOSE
G8432	CLIN DEPRESSION SCREEN NOT D		Q0178	HYDROXYZINE PAMOATE 50 MG ORAL NOT >48 HR DOSE
G8433	PT INELIG FOR DEPRESSION SCR		Q0179	ONDANSETRON HCL 8 MG ORL NOT >48 HR DOSE REGIMEN
G8434	COGNITIVE IMPAIRMENT SCREEN		Q0180	DOLASETRON MESYLATE 100 MG ORL NOT >48 HR DOSE
G8435	COGNITIVE SCREEN NOT DOCUMEN		Q0181	UNS ORAL DOSAGE ANTI-EMETIC NOT >48 HR DOSE REG
G8436	PT INELIG FOR COGNITIVE IMPA		Q0480	DRIVER FOR USE WITH PNEUMATIC VAD REPL ONLY
G8437	TX PLAN DEVELOPE & DOCUMENT		Q0481	MICROPROCESSOR CNTRL UNIT FOR ELEC VAD REPL ONLY
G8438	TX PLAN DEVELOP AND NOT DOCUM		Q0482	MICROPROCESSOR CU FOR ELEC/PNEUMAT VAD REPL ONL
G8439	PT INELIG FOR CO-DEVELP TX P		Q0483	MONITOR/DISPLAY MODULE FOR ELEC VAD REPL ONLY
G8440	PAIN ASSESSMENT DOCUMENT		Q0484	MONITOR FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8441	NO DOCUMENT OF PAIN ASSESS		Q0485	MONITOR CONTROL CABLE FOR ELEC VAD REPL ONLY
G8442	PT INELIG PAIN ASSESSMENT		Q0486	MON CNTRL CABLE FOR ELEC/PNEUMAT VAD REPL ONLY
G8443	PRESCRIPTION BY E-PRESRIB S		Q0487	LEADS FOR ANY TYPE ELEC/PNEUMAT VAD REPL ONLY
G8445	PRESCRIP NOT GEN AT ENCOUNTE		Q0488	POWER PACK BASE FOR USE W/ELEC VAD REPL ONLY
G8446	SOME PRESCRIB HANDWRITTEN OR		Q0489	POWER PACK BASE FOR ELEC/PNEUMAT VAD REPL ONLY
G8447	PT VISIT DOC USING CCHIT CER		Q0490	EMERGENCY POWER SOURCE FOR ELEC VAD REPL ONLY
G8448	PT VISIT DOCUM W/NON CCHIT C		Q0491	EMERG POWER SRC FOR ELEC/PNEUMAT VAD REPL ONLY
G8449	PT NOT DOC W/EMR DUE TO SYST		Q0492	EMERGENCY POWER SPL CABLE FOR ELEC VAD REPL ONLY
G8450	BETA-BLOC RX PT W/ABN LVEF		Q0493	EMERG PWR CABLE FOR ELEC/PNEUMAT VAD REPL ONLY
G8451	PT W/ABN LVEF INELIG B-BLOC		Q0494	EMERG HAND PUMP FOR ELEC/PNEUMAT VAD REPL ONLY
G8452	PT W/ABN LVEF B-BLOC NO RX		Q0495	BATT CHRGR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8453	TOB USE CESS INT COUNSEL		Q0496	BATTERY FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8454	TOB USE CESS INT NO COUNSEL		Q0497	BATT CLPS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8455	CURRENT TOBACCO SMOKER		Q0498	HOLSTER FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8456	SMOKELESS TOBACCO USER		Q0499	BELT/VEST FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8457	TOBACCO NON USER		Q0500	FILTERS FOR ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8458	PT IINELIG GENO NO ANTVIR TX		Q0501	SHOWER COVER ELEC OR ELEC/PNEUMAT VAD REPL ONLY
G8459	DOC PT REC ANTIVIR TREAT		Q0502	MOBILITY CART FOR PNEUMATIC VAD REPL ONLY

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G8460	PT INELIG RNA NO ANTVIR TX		Q0503	BATTERY FOR PNEUMATIC VAD REPLACEMENT ONLY EACH
G8461	PT REC ANTIVIR TREAT HEP C		Q0504	POWER ADAPTER FOR PNEUMAT VAD REPL ONLY VEH TYPE
G8462	PT INELIG COUNS NO ANTVIR TX		Q0505	MISC SUPPLY/ACCESS W/VENTRICULAR ASSIST DEVC
G8463	PT REC ANTIVIRAL TREAT DOC		Q0510	PHARM SPL FEE INIT IMS DRUG 1ST MO FLW TRANSPLNT
G8464	PT INELIG; LO TO NO DTER RSK		Q0511	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; 1 PRSC 30-DA
G8465	HIGH RISK RECURRENCE PRO CA		Q0512	PHRM FEE O ANTI-CA ANTI-EMET/IS RX; SUBSQT 30-DA
G8466	PT INELIG SUIC;MDD REMIS		Q0513	PHRM DISPENSING FEE INHALATION RX; PER 30 DAYS
G8467	NEW DX INIT/REC EPISODE MDD		Q0514	PHRM DISPENSING FEE INHALATION RX; PER 90 DAYS
G8468	ACE/ARB RX PT W/ABN LVEF		Q1003	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 3
G8469	PT W/ABN LVEF INELIG ACE/ARB		Q1004	NEW TECH IO LENS CATGY 4 DEFINED FEDERAL REG
G8470	PT W/NORMAL LVEF		Q1005	NEW TECH IO LENS CATGY 5 DEFINED FEDERAL REG
G8471	LVEF NOT PERFORMED/DOC		Q2004	IRRIGATION SOL TX BLADDER CALCULI PER 500 ML
G8472	ACE/ARB NO RX PT W/ABN LVEF		Q2009	INJECTION FOSPHENYTOIN 50 MG
G8473	ACE/ARB THXPY RX'D		Q2017	INJECTION TENIPOSIDE 50 MG
G8474	ACE/ARB NOT RX'D; DOC REAS		Q3001	ADJUNCTIVE PROCEDURE
G8475	ACE/ARB THXPY NOT RX'D		Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE
G8476	BP SYS <130 AND DIAS <80		Q3025	INJECTION INTRFER BETA1A 11 MCG IM USE
G8477	BP SYS>=130 AND/OR DIAS >=80		Q3026	INJECTION INTERFERON BETA-1A 11 MCG SUBQ USE
G8478	BP NOT PERFORMED/DOC		Q3031	COLLAGEN SKIN TEST
G8479	MD RX'D ACE/ARB THXPY		Q4001	CASTING SPL BODY CAST ADULT W/WO HEAD PLASTR
G8480	PT INELIG ACE/ARB THXPY		Q4002	CAST SUPPLIES BODY CAST ADULT W/WO HEAD FIBRGLS
G8481	MD NOT RX'D ACE/ARB THXPY		Q4003	CAST SUPPLIES SHOULDER CAST ADULT PLASTER
G8482	FLU IMMUNIZE ORDER/ADMIN		Q4004	CAST SUPPLIES SHOULDER CAST ADULT FIBERGLASS
G8483	FLU IMM NO ORD/ADMIN DOC REA		Q4005	CAST SUPPLIES LONG ARM CAST ADULT PLASTER
G8484	FLU IMMUNIZE NO ORDER/ADMIN		Q4006	CAST SUPPLIES LONG ARM CAST ADULT FIBERGLASS
G9003	COORDINATED CARE FEE RISK ADJUSTED HIGH INITIAL		Q4007	CAST SUPPLIES LONG ARM CAST PEDIATRIC PLASTER
G9004	COORDINATED CARE FEE RISK ADJUSTED LOW INITIAL		Q4008	CAST SUPPLIES LONG ARM CAST PEDIATRIC FIBERGLASS
G9005	COORDINATED CARE FEE RISK ADJUSTED MAINTENANCE		Q4009	CAST SUPPLIES SHORT ARM CAST ADULT PLASTER
G9006	COORDINATED CARE FEE HOME MONITORING		Q4010	CAST SUPPLIES SHORT ARM CAST ADULT FIBERGLASS
G9007	COORDINATED CARE FEE SCHEDULE TEAM CONFERENCE		Q4011	CAST SUPPLIES SHORT ARM CAST PEDIATRIC PLASTER
G9008	COORD CARE FEE PHYS COORDD CARE OVRSIGHT SRVC		Q4012	CAST SUPPLIES SHORT ARM CAST PEDIATRIC FIBRGLS
G9009	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 3		Q4013	CAST SUPPLIES GAUNTLET CAST ADULT PLASTER
G9010	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 4		Q4014	CAST SUPPLIES GAUNTLET CAST ADULT FIBERGLASS
G9011	COORD CARE FEE RISK ADJ MAINTENANCE LEVEL 5		Q4015	CAST SUPPLIES GAUNTLET CAST PEDIATRIC PLASTER
G9013	ESRD DEMO BASIC BUNDLE LEVEL I		Q4016	CAST SUPPLIES GAUNTLET CAST PEDIATRIC FIBERGLASS
G9014	ESRD DEMO EXPND BUNDLE INCL VENOUS ACSS&REL SRVC		Q4017	CAST SUPPLIES LONG ARM SPLINT ADULT PLASTER
G9016	SMOK CESSATN CNSL IND ABSNCE/ADD OTH E&M-SESS		Q4018	CAST SUPPLIES LONG ARM SPLINT ADULT FIBERGLASS
G9017	AMANTADINE HYDROCHLORIDE ORAL GENRIC NAME 100 MG		Q4019	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC PLASTER
G9018	ZANAMIVIR INHAL POWDR ADMIN INHAL GENRIC 10 MG		Q4020	CAST SUPPLIES LONG ARM SPLINT PEDIATRIC FIBRGLS
G9019	OSELTAMIVIR PHOSPHATE ORAL GENERIC 75 MG		Q4021	CAST SUPPLIES SHORT ARM SPLINT ADULT PLASTER

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G9020	RIMANTADINE HYDROCHLORIDE ORAL GENERIC 100 MG		Q4022	CAST SUPPLIES SHORT ARM SPLINT ADULT FIBERGLASS
G9033	AMANTADINE HYDROCHLORIDE ORAL BRAND NAME 100 MG		Q4023	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC PLASTER
G9034	ZANAMIVIR INHAL PWDR ADMIN INHAL BRND NAME 10 MG		Q4024	CAST SUPPLIES SHORT ARM SPLINT PEDIATRIC FIBRGLS
G9035	OSELTAMIVIR PHOSPHATE ORAL BRAND NAME 75 MG		Q4025	CAST SUPPLIES HIP SPICA ADULT PLASTER
G9036	RIMANTADINE HYDROCHLORIDE ORAL BRAND NAME 100 MG		Q4026	CAST SUPPLIES HIP SPICA ADULT FIBERGLASS
G9041	LW VISN REHAB SRVC QUALIFIED OT 1 ON 1 EA 15 MIN		Q4027	CAST SUPPLIES HIP SPICA PEDIATRIC PLASTER
G9042	LW VIS REHAB SRVC CERT ORNT&MOBIL SPCLIST 15 MIN		Q4028	CAST SUPPLIES HIP SPICA PEDIATRIC FIBERGLASS
G9043	LW VISN REHAB SRVC CERT LW VISN TRPST EA 15 MIN		Q4029	CAST SUPPLIES LONG LEG CAST ADULT PLASTER
G9044	LW VISN REHAB SRVC QUAL REHAB TEACHR EA 15 MIN		Q4030	CAST SUPPLIES LONG LEG CAST ADULT FIBERGLASS
G9050	ONC; PRIM FOCUS VST; WRKUP EVAL/STAG@TM DX/RECUR		Q4031	CAST SUPPLIES LONG LEG CAST PEDIATRIC PLASTER
G9051	ONC; PRIM FOCUS VST; TX DECISION MAKING OPTIONS		Q4032	CAST SUPPLIES LONG LEG CAST PEDIATRIC FIBERGLASS
G9052	ONC; PRIM FOCUS; SURVEILLANCE RECUR;TX FUTURE		Q4033	CAST SUPPLIES LONG LEG CYCLE CAST ADULT PLASTER
G9053	ONC; PRIM FOCUS; EXP MGMT EVIDENCE CA; TX FUTURE		Q4034	CAST SUPPLIES LNG LEG CYCLE CAST ADLT FIBERGLASS
G9054	ONC; PRIM FOCUS; SUP PT TERM CA; PALLIATIVE TX		Q4035	CAST SUPPLIES LONG LEG CYCLE CAST PED PLASTR
G9055	ONC; PRIM FOCUS; OTH UNS SRVC NOT OTHERWISE LIST		Q4036	CAST SPL LONG LEG CYCLE CAST PEDIATRIC FIBRGLS
G9056	ONC; PRAC GUIDELINES; MGMT ADHERES TO GUIDELINES		Q4037	CAST SUPPLIES SHORT LEG CAST ADULT PLASTER
G9057	ONC; PRAC GUIDE; MGMT DIFFR PT ENROLL CLIN TRIAL		Q4038	CAST SUPPLIES SHORT LEG CAST ADULT FIBERGLASS
G9058	ONC; PRAC GUIDE; MGMT DIFFER PHYS DISAGREE GUIDE		Q4039	CAST SUPPLIES SHORT LEG CAST PEDIATRIC PLASTER
G9059	ONC; PRAC GUIDELINES; MGMT DIFFERS PT OPT ALT TX		Q4040	CAST SUPPLIES SHORT LEG CAST PEDIATRIC FIBRGLS
G9060	ONC; PRAC GUIDELINE; MGMT DIFFER PT COMORBID ILL		Q4041	CAST SUPPLIES LONG LEG SPLINT ADULT PLASTER
G9061	ONC; PRAC GUIDE; PTS COND NOT ADDRESSED GUIDE		Q4042	CAST SUPPLIES LONG LEG SPLINT ADULT FIBERGLASS
G9062	ONC; PRAC GUIDELINES; MGMT DIFFERS OTH REASON		Q4043	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC PLASTER
G9063	ONC; STATUS; NSCLC; STAGE I NO DZ PROGRESSION		Q4044	CAST SUPPLIES LONG LEG SPLINT PEDIATRIC FIBRGLS
G9064	ONC; STATUS; NSCLC; STAGE II NO DZ PROGRESSION		Q4045	CAST SUPPLIES SHORT LEG SPLINT ADULT PLASTER
G9065	ONC; STATUS; NSCLC; STAGE III A NO DZ PROGRESSN		Q4046	CAST SUPPLIES SHORT LEG SPLINT ADULT FIBERGLASS
G9066	ONC; STATUS; NSCLC; STAGE III B-4 MET LOC RECUR		Q4047	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC PLASTER
G9067	ONC; STATUS; NSCLC; EXTENT DZ UNKN UNDER EVAL		Q4048	CAST SUPPLIES SHORT LEG SPLINT PEDIATRIC FIBRGLS
G9068	ONC; STATUS; SC& COMB SM/NONSM; LTD NO PROGRESSN		Q4049	FINGER SPLINT STATIC
G9069	ONC; STATUS; SCLC SM CELL&COMB SM/NONSM; EXT MET		Q4050	CAST SUPPLIES UNLISTED TYPES&MATERIALS OF CASTS
G9070	ONC; STATUS; SCLC SC&COMB SM/NONSM; EXTENT UNKN		Q4051	SPLINT SUPPLIES MISCELLANEOUS
G9071	ONC; F BRST;ACA; ST I/II;ER&/PR POS;NO PROGRESSN		Q4080	ILOPROST INHAL SOL ADMIN THRU DME UP TO 20 MCG
G9072	ONC; F BRST;ACA; ST I/II; ER&PR NEG;NO PROGRESSN		Q4081	INJ EPOETIN ALFA 100 UNITS FOR ESRD ON DIALYSIS
G9073	ONC; F BRST;ACA; ST III; ER&/PR POS;NO PROGRESSN		Q4082	DRUG OR BIOLOGICAL NOC PART B DRUG CAP
G9074	ONC; F BRST;ACA; ST III; ER&PR NEG; NO PROGRESSN		Q4083	HYALURONAN/DERIV HYALGAN/SUPARTZ IA INJ PER DOSE
G9075	ONC; STATUS; FE BRST CA; ACA; M1 MET LOC RECUR		Q4094	ALBUTEROL UNIT DOSE 1MG/0.5 MG LEVALBUTEROL
G9077	ONC;PROS CA;T1-T2C&GLESN 27&PSA</=20 NO PROGRSSN		Q5001	HOSPICE CARE PROVIDED IN PATIENTS HOME/RESIDENCE
G9078	ONC; PROS CA; T2/T3A GLEASON 8-10/PSA>20 NO METS		Q5002	HOSPICE CARE PROVIDED ASSISTED LIVING FACILITY
G9079	ONC; STATUS; PROS CA; T3B-T4 N; T N1 NO PROGRSSN		Q5003	HOSPICE CARE PROV NURSING LTC FACL/NON-SKILL NF
G9080	ONC; STATUS; PROS CA; TX RISING PSA/FAIL DECLINE		Q5004	HOSPICE CARE PROVIDED SKILLED NURSING FACILITY
G9083	ONC; STATUS; PROS CA ACA; EXTENT UNKN UNDER EVAL		Q5005	HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G9084	ONC; STATUS; COLON CA; T1-3 N0 M0 NO PROGRESSION		Q5006	HOSPICE CARE PROV INPATIENT HOSPICE FACILITY
G9085	ONC; STATUS; COLON CA; T4 N0 M0 NO PROGRESSION		Q5007	HOSPICE CARE PROV LONG TERM CARE FACILITY
G9086	ONC; STATUS; COLON CA; T-14 N-12 M0 NO PROGRESSN		Q5008	HOSPICE CARE PROV INPATIENT PSYCHIATRIC FACILITY
G9087	ONC; STATUS; COLON CA; M1 MET W/CURR EVIDENCE DZ		Q5009	HOSPICE CARE PROVIDED IN PLACE NOS
G9088	ONC; STATUS; COLON CA;M1 MET NO CURR EVIDENCE DZ		Q9951	LOW OSM CONTRST MATL 400/> MG/ML IODINE CONC ML
G9089	ONC; STATUS; COLON CA; EXTENT DZ UNKN UNDER EVAL		Q9958	HIGH OSM CONTRAST MATL 149 MG/ML IODINE CONC ML
G9090	ONC; STATUS; RECTAL CA; T1-2 N0 M0 NO PROGRESSN		Q9959	HI OSM CONTRST MATL 150-199 MG/ML IODINE CONC ML
G9091	ONC; STATUS; RECTAL CA; T3 N0 M0 NO PROGRESSION		Q9960	HI OSM CONTRST MATL 200-249 MG/ML IODINE CONC ML
G9092	ONC; STATUS; RECTAL CA;T1-3 N1-2 M0 NO PROGRESSN		Q9961	HI OSM CONTRST MATL 250-299 MG/ML IODINE CONC ML
G9093	ONC; STATUS; RECTAL CA; T4 ANY N M0 NO PROGRESSN		Q9962	HI OSM CONTRST MATL 300-349 MG/ML IODINE CONC ML
G9094	ONC; STATUS; RECTAL CA; M1 METASTATIC LOC RECUR		Q9963	HI OSM CONTRST MATL 350-399 MG/ML IODINE CONC ML
G9095	ONC; STATUS; RECTAL CA; EXTENT DZ UNK UNDER EVAL		Q9964	HIGH OSM CONTRST MATL 400/> MG/ML IODINE CONC ML
G9096	ONC; STATUS; ESOPH CA;T1-T3 N0-N1/NX NO PROGRSSN		Q9965	LOCM 100-199MG/ML IODINE, 1ML
G9097	ONC; STATUS; ESOPH CA; T4 ANY N M0 NO PROGRESSN		Q9966	LOCM 200-299MG/ML IODINE,1ML
G9098	ONC; STATUS; ESOPH CA ; M1 METASTATIC LOC RECUR		Q9967	LOCM 300-399MG/ML IODINE, 1ML
G9099	ONC; STATUS; ESOPH CA; EXTENT DZ UNKN UNDER EVAL		R0075	TRANS PRTBL XRAY EQP&PERS HOM/NRS HOM-TRIP>1 PT
G9100	ONC; STATUS; GASTRIC CA; R0 RESECT NO PROGRESSN		R0076	TRANSPORTATION PRTBLE EKG FACL/LOCATION PER PT
G9101	ONC; STATUS; GASTRC CA; R1/R2 RESECT NO PRGRESSN		S0012	BUTORPHANOL TARTRATE NASAL SPRAY 25 MG
G9102	ONC; STATUS; GASTRIC CA; M0 UNRESECT NO PROGRSSN		S0014	TACRINE HYDROCHLORIDE 10 MG
G9103	ONC; STATUS; GASTRIC CA; CLIN M1 MET LOC RECUR		S0017	INJECTION AMINOCAPROIC ACID 5 GRAMS
G9104	ONC; STATUS; GASTR CA ; EXTENT DZ UNK UNDER EVAL		S0020	INJECTION BUPIVICAINE HYDROCHLORIDE 30 ML
G9105	ONC; STATUS; PAN CA; R0 RESECT NO DZ PROGRESSION		S0021	INJECTION CEFTOPERAZONE SODIUM 1 GRAM
G9106	ONC; STATUS; PAN CA; R1/R2 RESECT NO PROGRESSION		S0023	INJECTION CIMETIDINE HYDROCHLORIDE 300 MG
G9107	ONC; STATUS; PAN CA; UNRESECTBL M1 MET LOC RECUR		S0028	INJECTION FAMOTIDINE 20 MG
G9108	ONC; STATUS; PAN CA; EXTENT DZ UNKN UNDER EVAL		S0030	INJECTION METRONIDAZOLE 500 MG
G9109	ONC; STATUS; HEAD&NCK CA; T1-T2&N0 M0 NO PROGRSS		S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS
G9110	ONC; STATUS; HEAD&NCK CA;T3-4&/N1-3 M0 NO PROGRS		S0034	INJECTION OFLOXACIN 400 MG
G9111	ONC; STATUS; HEAD&NCK CA; M1 METASTATC LOC RECUR		S0039	INJECTION SULFAMETHOXAZOLE&TRIMETHOPRIM 10 ML
G9112	ONC; STATUS; HEAD&NECK CA; EXTENT OF DZ UNKNOWN		S0040	INJ TICARCILLIN DISODIUM&CLAVULANATE K+ 3.1 GMS
G9113	ONC;STATUS;OVARIAN CA; ST IA-B GR 1 NO PROGRESSN		S0073	INJECTION AZTREONAM 500 MG
G9114	ONC;OV CA; ST IA-B GR 2-3;ST IC;ST II; NO PROGRS		S0074	INJECTION CEFOTETAN DISODIUM 500 MG
G9115	ONC; STATUS; OVARIAN CA; ST III-IV; NO PROGRESSN		S0077	INJECTION CLINDAMYCIN PHOSPHATE 300 MG
G9116	ONC; STATUS; OVARIAN CA; PROGRSSN&/PLATINM RSIST		S0078	INJECTION FOSPHENYTOIN SODIUM 750 MG
G9117	ONC; STATUS; OVARIAN CA; EXTENT UNKN UNDER EVAL		S0080	INJECTION PENTAMIDINE ISETHIONATE 300 MG
G9123	ONC; CML; CHRON PHASE NOT HEMATOL CYT/MOL REMISS		S0081	INJECTION PIPERACILLIN SODIUM 500 MG
G9124	ONC; CML; ACCEL PHASE NOT HEMA CYT/MOL REMISS		S0088	IMATINIB INJECTION 100 MG
G9125	ONC; CML BP NOT HEMAT CYTOGENIC/MOLECULAR REMISS		S0090	SILDENAFIL CITRATE 25 MG
G9126	ONC; CML HEMATOLOGIC CYTOGENIC/MOLECULAR REMISS		S0091	GRANISETRON HYDROCHLORIDE 1 MG
G9128	ONC; LTD TO MX MYELOMA SYS DZ; SMOLDERING ST I		S0092	INJECTION HYDROMORPHONE HYDROCHLORIDE 250 MG
G9129	ONC; LTD TO MX MYELOMA SYS DZ ST II/HIGHER		S0093	INJECTION MORPHINE SULFATE 500 MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G9130	ONC; LTD MX MYELOMA SYS DZ EXTENT UNKN UND EVAL		S0104	ZIDOVUDINE ORAL 100 MG
G9131	ONC;DZ STS;F BRST CA;ADENOCA;DZ STAG NOT LISTED		S0106	BUPROPION HCI SUSTAINED RLSE TAB 150 MG 60 TABS
G9132	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS		S0108	MERCAPTOPURINE ORAL 50 MG
G9133	ONC;DZ STS;PROS CA ADENOCARCINOMA;CLIN METS/M1		S0109	METHADONE ORAL 5MG
G9134	ONC;DZ STS;NHL;STAGE I II NOT RELPSD NOT RFRCTRY		S0117	TRETINOIN TOPICAL 5 GRAMS
G9135	ONC;DIZ STS;NHL;STG III IV NOT RLPSD NOT RFRCTRY		S0122	INJECTION MENOTROPINS 75 IU
G9136	ONC;DZ STS;NHL TRNSFRM ORIG CELLR 2ND CELLR CLSS		S0126	INJECTION FOLLITROPIN ALFA 75 IU
G9137	ONC; DZ STS; NHL; RELAPSED/REFRACTORY		S0128	INJECTION FOLLITROPIN BETA 75 IU
G9138	ONC;DZ STS;NHL;DIAG EVAL STAGE NOT DETERMINED		S0132	INJECTION GANIRELIX ACETATE 250 MCG
G9139	ONC;DZ STS;CML; EXTENT DZ UNKN STAG NOT LISTED		S0136	CLOZAPINE 25 MG
G9140	FRONTIER EXTENDED STAY DEMO		S0137	DIDANOSINE 25 MG
H0001	ALCOHOL AND/OR DRUG ASSESSMENT		S0138	FINASTERIDE 5 MG
H0002	BHVAL HEALTH SCR DETERM ELIGBLITY ADMIS TX PROGM		S0139	MINOXIDIL 10 MG
H0003	ALCOHL &/ RX SCR; LAB ANALY PRESENC ALCOHL &/ RX		S0140	SAQUINAVIR 200 MG
H0004	BEHAVIORAL HEALTH CNSL&THERAPY PER 15 MINUTES		S0141	ZALCITABINE 0.375 MG
H0005	ALCOHOL &OR DRUG SERVICES; GROUP CNSL CLINICIAN		S0142	COLISTMTHATE SODIUM INHAL SOL CONC FORM-PER MG
H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT		S0143	AZTREONAM INHAL SOL THRU DME CONC FORM-PER GRAM
H0007	ALCOHOL &OR DRUG SERVICES; CRISIS INTERVENTION		S0146	INJ PEGYLATED INTERFERON ALFA-2B 10 MCG 0.5 ML
H0008	ALCOHOL &OR DRUG SRVC; SUB-ACUTE DTOX HOSP IP		S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML
H0009	ALCOHOL &OR DRUG SERVICES; ACUTE DTOX HOSP IP		S0156	EXEMESTANE 25 MG
H0010	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG IP		S0157	BECAPLERMIN GEL 0.01% 0.5 GM
H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP		S0160	DEXTROAMPHETAMINE SULFATE 5 MG
H0012	ALCOHOL &/ DRUG SRVC; SUB-ACUTE DTOX RES PROG OP		S0161	CALCITROL 0.25 MG
H0013	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG OP		S0162	INJECTION EFALIZUMAB 125 MG
H0014	ALCOHOL &OR DRUG SERVICES; AMB DETOXIFICATION		S0164	INJECTION PANTOPRAZOLE SODIUM 40 MG
H0015	ALCOHL&/RX SRVC;INTENSV OP;CRISIS INTRVN&ACTV TX		S0166	INJECTION OLANZAPINE 2.5 MG
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC		S0170	ANASTROZOLE ORAL 1 MG
H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM		S0171	INJECTION BUMETANIDE 0.5 MG
H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM		S0172	CHLORAMBUCIL ORAL 2 MG
H0019	BHVAL HEALTH; LONG-TERM RES W/O ROOM&BOARD-DIEM		S0174	DOLASETRON MESYLATE ORAL 50 MG
H0020	ALCOHL &OR RX SRVC; METHADONE ADMIN &OR SERVICE		S0175	FLUTAMIDE ORAL 125 MG
H0021	ALCOHOL AND/OR DRUG TRAINING SERVICE		S0176	HYDROXYUREA ORAL 500 MG
H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE		S0177	LEVAMISOLE HYDROCHLORIDE ORAL 50 MG
H0023	BEHAVIORAL HEALTH OUTREACH SERVICE		S0178	LOMUSTINE ORAL 10 MG
H0024	BEHAVIORAL HEALTH PREV INFORM DISSEMIN SERVICE		S0179	MEGESTROL ACETATE ORAL 20 MG
H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE		S0181	ONDANSETRON HYDROCHLORIDE ORAL 4 MG
H0026	ALCOHL&/RX PREVENTION PROCESS SERVICE CMTY-BASED		S0182	PROCARBAZINE HYDROCHLORIDE ORAL 50 MG
H0027	ALCOHOL &OR DRUG PREVENTION ENVIR SERVICE		S0183	PROCHLORPERAZINE MALEATE ORAL 5 MG
H0028	ALCOHL&/RX PREV PROB ID&REF SRVC NOT W/ASSESS		S0187	TAMOXIFEN CITRATE ORAL 10 MG
H0029	ALCOHOL &OR DRUG PREVENTION ALTERNATIVES SERVICE		S0189	TESTOSTERONE PELLET 75 MG

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
H0030	BEHAVIORAL HEALTH HOTLINE SERVICE		S0190	MIFEPRISTONE ORAL 200 MG
H0031	MENTAL HEALTH ASSESSMENT BY NON-PHYSICIAN		S0191	MISOPROSTOL ORAL 200 MCG
H0032	MENTAL HEALTH SERVICE PLAN DVLP NON-PHYSICIAN		S0194	DIALYSIS/STRESS VITAMIN SUPL ORAL 100 CAPSULES
H0033	ORAL MEDICATION ADMIN DIRECT OBSERVATION		S0195	PNEUMCOCCL CONJUGAT VAC IM 5-9 YR NOT PREV RECVD
H0034	MEDICATION TRAINING AND SUPPORT PER 15 MINUTES		S0196	INJ POLYLLACTIC ACID RESTORATIVE IMPL 1 ML FACE
H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS		S0197	PRENATAL VITAMINS 30-DAY SUPPLY
H0036	CMTY PSYC SUPPORTIVE TX FCE-TO-FCE PER 15 MIN		S0199	MED INDUCED AB ORAL INGESTION MED W/SRVC & SPL
H0037	COMMUNITY PSYC SUPPORTIVE TX PROGM PER DIEM		S0201	PARTIAL HOSITALIZATION SERVICES < 24 HR PER DIEM
H0038	SELF-HELP/PEER SERVICES PER 15 MINUTES		S0207	PARAMEDIC INTERCEPT NON-HOS-BASED ALS SRVC NON-T
H0039	ASSERTIVE COMMUNITY TX FACE-TO-FACE PER 15 MIN		S0208	PARAMEDIC INTERCPT HOS-BASE ALS SRVC NON-TRNSPRT
H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM PER DIEM		S0209	WHEELCHAIR VAN MILEAGE PER MILE
H0041	FOSTER CARE CHILD NON-THERAPEUTIC PER DIEM		S0215	NON-EMERGENCY TRANSPORTATION; PER MILE
H0042	FOSTER CARE CHILD NON-THERAPEUTIC PER MONTH		S0220	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 30 MIN
H0043	SUPPORTED HOUSING PER DIEM		S0221	MED CONF PHYS W/TEAM HLTH PROF PT CARE; 60 MIN
H0044	SUPPORTED HOUSING PER MONTH		S0250	COMP GERIATRIC ASSESS&TX PLAN PRFRM ASSESS TEAM
H0046	MENTAL HEALTH SERVICES NOT OTHERWISE SPECIFIED		S0255	BY NURSE SOCIAL WORKER OR OTHER DESIGNATED STAFF
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES NOS		S0257	CNSL&DISCUSS ADV DIRCTV/EOL CARE PT&/SURROGATE
H0048	ALC &/OTH RX TST: CLCT&HNDLING ONLY OTH THAN BLD		S0260	HISTORY AND PHYSICAL RELATED TO SURGICAL PROC
H0049	ALCOHOL AND/OR DRUG SCREENING		S0270	PHYSICIAN MGT PT HOME CARE STD MONTHLY CASE RATE
H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN		S0271	PHYS MGT PT HOME CARE HOSPICE MONTHLY CASE RATE
H1000	PRENATAL CARE AT-RISK ASSESSMENT		S0272	PHYS MGT PT HOME CARE EPISODIC CARE MO CASE RATE
H1001	PRENATAL CARE AT-RISK ENHNCD SRVC; ANTPRTM MGMT		S0273	PHYS VST MEMBER HOME OUTSIDE CAPITATION ARRNGMNT
H1002	PRENATAL CARE AT-RISK ENHNCD SRVC;CARE COORD		S0274	NP VST MEMBER HOME OUTSIDE CAPITATION ARRANGMENT
H1003	PRENATAL CARE AT-RISK ENHNCD SERVICE; EDUCATION		S0302	CMPL EARLY PERIODIC SCREENING DX&TX SERVICE
H1004	PRENATAL CARE AT-RISK ENHNCD SRVC; F/U HOM VISIT		S0310	HOSPITALIST SERVICES
H1005	PRENATAL CARE AT-RISK ENHANCED SERVICE PACKAGE		S0315	DISEASE MANAGEMENT PROGM; INIT ASSESS&INIT PROGM
H1010	NON-MEDICAL FAM PLANNING EDUCATION PER SESSION		S0316	DISEASE MANAGEMENT PROGRAM; FOLLOW-UP/ASSESSMENT
H1011	FAM ASSESS LIC BHVAL HLTH PROF STATE DEFINED		S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM
H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION		S0320	TEL CALLS RN TO DZ MGMT PROGM MEMB MONITOR; MO
H2001	REHABILITATION PROGRAM PER 1/2 DAY		S0340	LIFESTYL MOD PROG MGMT COR ART DZ; LIFESTYL MOD
H2010	COMPREHENSIVE MEDICATION SERVICES PER 15 MINUTES		S0341	INCL ALL SUPP SRVC; 2/THIRD QUARTER/STAGE
H2011	CRISIS INTERVENTION SERVICE PER 15 MINUTES		S0342	LIFESTYL MOD PROG MGMT COR ART DZ; 4 QUARTER
H2012	BEHAVIORAL HEALTH DAY TREATMENT PER HOUR		S0345	ECG MON HOME W/REC ANALY&PHYS REV&INTERP; 24 HR
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE PER DIEM		S0346	ECG MON HOME W/REC TRANSMISSION & ANALY; 24 HR
H2014	SKILLS TRAINING AND DEVELOPMENT PER 15 MINUTES		S0347	ECG MON HOME W/PHYS REVIEW AND INTERP; 24-HOUR
H2015	COMP COMMUNITY SUPPORT SERVICES PER 15 MINUTES		S0390	ROUTINE FOOT CARE; PER VISIT
H2016	COMP COMMUNITY SUPPORT SERVICES PER DIEM		S0395	IMPRESSION CASTING FOOT PERFORMED PRACTITIONER
H2017	PSYCHOSOCIAL REHAB SERVICES PER 15 MUNUTES		S0400	GLOBAL FEE XTRACORP SHOCK WAVE LITH KIDNEY STONE
H2018	PSYCHOSOCIAL REHABILITATION SERVICES PER DIEM		S0500	DISPOSABLE CONTACT LENS PER LENS
H2019	THERAPEUTIC BEHAVIORAL SERVICES PER 15 MINUTES		S0504	SINGLE VISION PRESCRIPTION LENS PER LENS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
H2020	THERAPEUTIC BEHAVIORAL SERVICES PER DIEM		S0506	BIFOCAL VISION PRESCRIPTION LENS PER LENS
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES PER 15 MIN		S0508	TRIFOCAL VISION PRESCRIPTION LENS PER LENS
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES PER DIEM		S0510	NON-PRESCRIPTION LENS PER LENS
H2023	SUPPORTED EMPLOYMENT PER 15 MINUTES		S0512	DAILY WEAR SPECIALTY CONTACT LENS PER LENS
H2024	SUPPORTED EMPLOYMENT PER DIEM		S0514	COLOR CONTACT LENS PER LENS
H2025	ONGOING SUPPORT MAINTAIN EMPLOYMENT PER 15 MIN		S0515	SCLERAL LENS LIQUID BANDAGE DEVICE PER LENS
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT PER DIEM		S0516	SAFETY EYEGLASS FRAMES
H2027	PSYCHOEDUCATIONAL SERVICE PER 15 MINUTES		S0518	SUNGLASSES FRAMES
H2028	SEXUAL OFFENDER TREATMENT SERVICE PER 15 MINUTES		S0580	POLYCARBONATE LENS
H2029	SEXUAL OFFENDER TREATMENT SERVICE PER DIEM		S0581	NONSTANDARD LENS
H2030	MENTAL HEALTH CLUBHOUSE SERVICES PER 15 MINUTES		S0590	INTEGRAL LENS SERVICE MISC SERVICES REPORTED SEP
H2031	MENTAL HEALTH CLUBHOUSE SERVICES PER DIEM		S0592	COMPREHENSIVE CONTACT LENS EVALUATION
H2032	ACTIVITY THERAPY PER 15 MINUTES		S0595	DISPNSING NEW SPECTACLE LENSES PT SUPPLIED FRAME
H2033	MULTISYSTEMIC THERAPY JUVENILES PER 15 MINUTES		S0601	SCREENING PROCTOSCOPY
H2034	ALCOHOL &OR DRUG ABS HALFWAY HOUSE SRVC PER DIEM		S0605	DIGITAL RECTAL EXAMINATION ANNUAL
H2035	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER HOUR		S0610	ANNUAL GYNECOLOGICAL EXAMINATION NEW PATIENT
H2036	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM		S0612	ANNUAL GYNECOLOGICAL EXAMINATION EST PATIENT
H2037	DVLPMENTL DLAY PREV ACTV DPND CHLD CLIENT 15 MIN		S0613	ANNUAL GYN EXAM CLIN BREAST EXAM W/O PELV EXAM
J0120	INJECTION TETRACYCLINE UP TO 250 MG		S0618	AUDIOMETRY FOR HEARING AID EVALUATION
J0128	INJECTION ABARELIX 10 MG		S0620	ROUTINE OPHTH EXAM INCL REFRACTION; NEW PT
J0130	INJECTION ABCIXIMAB 10 MG		S0621	ROUTINE OPHTH EXAM INCL REFRACTION; EST PT
J0150	INJECTION ADENOSINE THERAPEUTIC USE 6 MG		S0622	PHYSICAL EXAM COLLEGE NEW OR ESTABLISHED PATIENT
J0152	INJECTION ADENOSINE DIAGNOSTIC USE 30 MG		S0625	RETINAL TELESCR DIGTL IMAG MX DIFF FUNDUS AREAS
J0170	INJECTION ADRENALIN EPINEPHRINE UP 1 ML AMPULE		S0630	RMV SUTURES; PHYS NOT PHYS WHO ORIGLY CLOS WND
J0190	INJECTION BIPERIDEN LACTATE PER 5 MG		S0800	LASER IN SITU KERATOMILEUSIS
J0200	INJECTION ALATROFLOXACIN MESYLATE 100 MG		S0810	PHOTOREFRACTIVE KERATECTOMY
J0205	INJECTION ALGLUCERASE PER 10 UNITS		S0812	PHOTOTHERAPEUTIC KERATECTOMY
J0207	INJECTION AMIFOSTINE 500 MG		S1001	DELUXE ITEM PATIENT AWARE
J0210	INJECTION METHYLDOPATE HCL UP TO 250 MG		S1002	CUSTOMIZED ITEM
J0215	INJECTION ALEFACEPT 0.5 MG		S1015	IV TUBING EXTENSION SET
J0256	INJECTION ALPHA 1-PROTASE INHIBITOR - HUMN 10 MG		S1016	NON-PVC IV ADMN SET W/RX THAT ARE NOT STABL PVC
J0270	INJECTION ALPROSTADIL 1.25 MCG		S1030	CONT NONINVASIVE GLU MONITORING DEVICE PURCHASE
J0275	ALPROSTADIL URETHRAL SUPPOSITORY		S1031	CONT NONINVAS GLU MON DEVC RENTAL SENSOR REPL
J0278	INJECTION AMIKACIN SULFATE 100 MG		S1040	CRANIAL REMOLDING ORTHOSIS PED RIGID CUSTOM FAB
J0280	INJECTION AMINOPHYLLIN UP TO 250 MG		S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS
J0282	INJECTION AMIODARONE HYDROCHLORIDE 30 MG		S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS
J0285	INJECTION AMPHOTERICIN B 50 MG		S2055	HARVEST DONOR MX-VISCERAL ORGAN; CADVER DONOR
J0287	INJECTION AMPHOTERICIN B LIPID COMPLEX 10 MG		S2060	LOBAR LUNG TRANSPLANTATION
J0288	INJ AMPHOTERICIN B CHOLESTRYL SULFAT CMPLX 10 MG		S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR
J0289	INJECTION AMPHOTERICIN B LIPOSOME 10 MG		S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J0290	INJECTION AMPICILLIN SODIUM 500 MG		S2066	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI
J0295	INJECTION AMPCLLN SODIUM/SULBACTAM SODIUM-1.5 G		S2067	BRST RECON 1 BRST DIEP FLAP(S)&/GAP FLAP(S) UNI
J0300	INJECTION AMOBARBITAL UP TO 125 MG		S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI
J0330	INJECTION SUCCINYLCHOLINE CHLORIDE UP TO 20 MG		S2070	CYSTO W/URETERSCPY&/PYELSCPY;LASR TX URETRL CALC
J0348	INJECTION ANIDULAFUNGIN 1 MG		S2080	LASER-ASSISTED UVULOPALATOPLASTY
J0350	INJECTION ANISTREPLASE PER 30 UNITS		S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE
J0360	INJECTION HYDRALAZINE HCL UP TO 20 MG		S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI
J0364	INJECTION APOMORPHINE HYDROCHLORIDE 1 MG		S2102	ISLET CELL TISS TRANSPLANT FROM PANC; ALLOGENEIC
J0365	INJECTION APROTONIN 10000 KIU		S2103	ADRENAL TISSUE TRANSPLANT TO BRAIN
J0380	INJECTION METARAMINOL BITARTRATE PER 10 MG		S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT
J0390	INJECTION CHLOROQUINE HCL UP TO 250 MG		S2112	ARTHROSCOPY KNEE SURGICAL HARVESTING CARTILAGE
J0395	INJECTION ARBUTAMINE HCL 1 MG		S2115	OSTEOTOMY PERIACETABULAR WITH INTERNAL FIXATION
J0456	INJECTION AZITHROMYCIN 500 MG		S2117	ARTHROEREISIS SUBTALAR
J0460	INJECTION ATROPINE SULFATE UP TO 0.3 MG		S2120	LDL APHERES HEPARN-INDUCD XTRACORP LDL PRECIP
J0470	INJECTION DIMERCAPROL PER 100 MG		S2135	NEUROLYSIS INJ MT NEUROMA/INTERDIGTL NEURITIS
J0475	INJECTION BACLOFEN 10 MG		S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC
J0476	INJECTION BACLOFEN 50 MCG FOR INTRATHECAL TRIAL		S2142	CORD BLD-DERIVED STEM-CELL TPLNT ALLOGENEIC
J0500	INJECTION DICYCLOMINE HCL UP TO 20 MG		S2150	BN MARROW/BLD DERIVD STEM CELLS HARV TPLNT&COMP;
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG		S2152	SOLID ORGAN; TRANSPLANTATION & RELATED COMP
J0520	INJ BETHANCHOL CHLORID MYTONCHOL/URECHOLN UP 5MG		S2202	ECHOSCLEROTHERAPY
J0530	INJ PCN G BENZ&PCN G PROCAINE TO 600000 UNITS		S2205	MIN INVASV DIR CAB SURG; ART GFT 1 COR ART GFT
J0540	INJ PCN G BENZ&PCN G PROCAINE TO 1200000 UNITS		S2206	MIN INVASV DIR CAB SURG; ART GFT 2 COR ART GFT
J0550	INJ PCN G BENZ&PCN G PROCAINE UP 2400000 UNITS		S2207	MIN INVAS DIR CAB; VEN GFT ONLY 1 COR VEN GFT
J0560	INJECTION PENICILLIN G BENZ UP TO 600000 UNITS		S2208	MIN INVAS DIR CAB SURG; 1 ART&VEN GFT 1 VEN GFT
J0570	INJECTION PENICILLIN G BENZ TO 1200000 UNITS		S2209	MIN INVASV DIR CAB SURG; 2 ART GFT&1 VENUS GFT
J0580	INJECTION PENICILLIN G BENZ TO 2400000 UNITS		S2225	MYRINGOTOMY LASER-ASSISTED
J0583	INJECTION BIVALIRUDIN 1 MG		S2260	INDUCED ABORTION 17 TO 24 WEEKS
J0592	INJECTION BUPRENORPHINE HYDROCHLORIDE 0.1 MG		S2265	INDUCED ABORTION 25 TO 28 WEEKS
J0594	INJECTION BUSULFAN 1 MG		S2266	INDUCED ABORTION 29 TO 31 WEEKS
J0595	INJECTION BUTORPHANOL TARTRATE 1 MG		S2267	INDUCED ABORTION 32 WEEKS OR GREATER
J0600	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG		S2300	ARTHROSCOPE SHLDR SURG; W/THERML-INDUCD CPSLORR
J0610	INJECTION CALCIUM GLUCONATE PER 10 ML		S2325	HIP CORE DECOMPRESSION
J0620	INJ CALCM GLYCEROPHOSPHATE&CALCM LACTAT-10 ML		S2340	CHEMODENERVATION ABDUCTOR MUSCLE VOCAL CORD
J0630	INJECTION CALCITONIN-SALMON UP TO 400 UNITS		S2341	CHEMODENERVATION ADDUCTOR MUSCLE VOCAL CORD
J0636	INJECTION CALCITRIOL 0.1 MCG		S2342	NASAL ENDOSCOPIC POSNASAL ENDOSCOPIC POSTOP DEBR
J0637	INJECTION CASPOFUNGIN ACETATE 5 MG		S2344	NASAL/SINUS ENDO; ENLARGE OSTIUM INFLAT DEVICE
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG		S2348	DECOMP PERQ INTERVERT DISC RF ENERGY 1/MX LUMB
J0670	INJECTION MEPIVACAINE HCL PER 10 ML		S2350	DISKECT ANT W/OSTEOPHYTECT; LUMBAR 1 INTERSPACE
J0690	INJECTION CEFAZOLIN SODIUM 500 MG		S2351	DISKECT ANT W/OSTEOPHYTECT; LUMB EA ADD INTRSP
J0692	INJECTION CEFEPIME HYDROCHLORIDE 500 MG		S2360	PERQ VERTPLSTY 1 VERT BDY UNILAT/BILAT INJ; CERV

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J0694	INJECTION CEFOXITIN SODIUM 1 G		S2361	EACH ADDITIONAL CERVICAL VERTEBRAL BODY
J0696	INJECTION CEFTRIAXONE SODIUM PER 250 MG		S2400	REPR CONGN DIAPHRAGMAT HERN FETUS PROC IN UTERO
J0697	INJECTION STERILE CEFUROXIME SODIUM PER 750 MG		S2401	REPR URIN TRACT OBST FETUS PROC PRFRM UTERO
J0698	CEFOTAXIME SODIUM PER G		S2402	REPR CONGEN CYST ADENOMATOID MALF FETUS IN UTERO
J0702	INJ BETAMETHASONE ACTAT&SODIM PHOSHATE-3 MG		S2403	REPR EXTRALOBAR PULM SEQUEST FETUS-UTERO
J0704	INJECTION BETAMETHASONE SODIUM PHOSPHATE-4 MG		S2404	REPAIR MYELOMENINGOCELE FETUS PROC PRFRM UTERO
J0706	INJECTION CAFFEINE CITRATE 5 MG		S2405	REPR SACROCOC TERATOMA FETUS IN UTERO
J0710	INJECTION CEPHAPIRIN SODIUM UP TO 1 G		S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC
J0713	INJECTION CEFTAZIDIME PER 500 MG		S2411	FETOSCOPIC LASER TX FOR TREATMENT-TTTS
J0715	INJECTION CEFTIZOXIME SODIUM PER 500 MG		S2900	SURG TECHNIQUES REQUIRING USE ROBOTIC SURG SYS
J0720	INJECTION CHLORAMPHENICOL SODIUM SUCCNAT TO 1 G		S3000	DIABETIC INDICATOR; RETINAL EYE EXAM DILATED BIL
J0725	INJECTION CHORIONIC GONADOTROPIN-1000 USP UNITS		S3005	PERFORMANCE MSR EVAL PT SELF ASSESS DEPRESSION
J0735	INJECTION CLONIDINE HYDROCHLORIDE 1 MG		S3600	STAT LABORATORY REQUEST
J0740	INJECTION CIDOFOVIR 375 MG		S3601	EMERG STAT LAB CHARGE PT HOMBOUND/RESID NRS FACL
J0743	INJECTION CILASTATIN SODIUM IMIPENEM PER 250 MG		S3625	MATERNL SERUM TRIPLE MARKR SCR W/AFP ESTRIOL&HCG
J0744	INJECTION CIPROFLOXACIN INTRAVENOUS INFUS 200 MG		S3630	EOSINOPHIL COUNT BLOOD DIRECT
J0745	INJECTION CODEINE PHOSPHATE PER 30 MG		S3645	HIV-1 ANTIBODY TESTING ORAL MUCOSAL TRANSUDATE
J0760	INJECTION COLCHICINE PER 1 MG		S3650	SALIVA TEST HORMONE LEVEL; DURING MENOPAUSE
J0770	INJECTION COLISTIMETHATE SODIUM UP TO 150 MG		S3652	SALIVA TST HORMONE LEVL; ASSESS PRTERM LABR RISK
J0780	INJ PROCHLORPERAZINE TO 10 MG		S3655	ANTISPERM ANTIBODIES TEST
J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS		S3708	GASTROINTESTINAL FAT ABSORPTION STUDY
J0835	INJECTION COSYNTROPIN PER 0.25 MG		S3800	GENETIC TESTING AMYOTROPHIC LATERAL SCLEROSIS
J0850	INJECTION CYTOMEGALOVIRUS IMMUNE GLOB IV-VIAL		S3818	COMPLETE GENE SEQUENCE ANALYSIS; BRCA1 GENE
J0878	INJECTION DAPTOMYCIN 1 MG		S3819	COMPLETE GENE SEQUENCE ANALYSIS; BRCA2 GENE
J0894	INJECTION DECITABINE 1 MG		S3820	COMPL BRCA1&BRCA2 GENE SEQ ANALY BRST&OVARN CA
J0895	INJECTION DEFEROXAMINE MESYLATE 500 MG		S3822	SINGLE-MUTAT ANALY SUSCEPT BREAST&OVARIAN CANCER
J0900	INJ TESTO ENANTHATE&ESTRADIOL VALERATETOP 1 CC		S3823	3-MUTATION BRCA1&BRCA2 ANALYSIS ASHKENAZI IND
J0945	INJECTION BROMPHENIRAMINE MALEATE PER 10 MG		S3828	COMPLETE GENE SEQUENCE ANALYSIS; MLH1 GENE
J0970	INJECTION ESTRADIOL VALERATE UP TO 40 MG		S3829	COMPLETE GENE SEQUENCE ANALYSIS; MLH2 GENE
J1000	INJECTION DEPO-ESTRADIOL CYPIONATE UP TO 5 MG		S3830	CMPL MLH1&MLH2 GENE SEQ ANALY HNPCC GENETIC TEST
J1020	INJECTION METHYLPREDNISOLONE ACETATE 20 MG		S3831	SINGLE-MUTATION ANALYSIS HNPCC GENETIC TESTING
J1030	INJECTION METHYLPREDNISOLONE ACETATE 40 MG		S3833	CMPL APC GENE SEQ ANALY SUSCPT FAP&ATTENUATD FAP
J1040	INJECTION METHYLPREDNISOLONE ACETATE 80 MG		S3834	SINGLE-MUTAT ANALY SUSCEPT FAP&ATTENUATED FAP
J1051	INJECTION MEDROXYPROGESTERONE ACETATE 50 MG		S3835	CMPL GENE SEQ ANALY CYSTIC FIBROSIS GENETIC TST
J1055	INJ MDRXYPRGESTRON ACTAT CNTRACPT USE 150 MG		S3837	CMPL GENE SEQ ANALY HEMOCHROMATOSIS GENETIC TST
J1056	INJ MEDROXYPROGESTRON/ESTRADIOL CYPIONATE 5/25MG		S3840	DNA ANALYSIS GERMLINE MUTATS RET PROTO-ONCOGENE
J1060	INJ TESTO CYPIONATE&ESTRADIOL CYPIONATE TO 1 ML		S3841	GENETIC TESTING FOR RETINOBLASTOMA
J1070	INJECTION TESTOSTERONE CYPIONATE UP TO 100 MG		S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE
J1080	INJECTION TESTOSTERONE CYPIONATE 1 CC 200 MG		S3843	DNA ANALYSIS F5 GENE FCT V LEIDEN THROMBOPHILIA
J1094	INJECTION DEXAMETHASONE ACETATE 1 MG		S3844	DNA ANALY CONNEXIN 26 GENE CONGN PFND DEAFNESS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J1100	INJECTION DEXAMETHOSONE SODIUM PHOSPHATE 1 MG		S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA
J1110	INJECTION DIHYDROERGOTAMINE MESYLATE PER 1 MG		S3846	GENETIC TESTING HEMOGLOBIN E BETA-THALASSEMIA
J1120	INJECTION ACETAZOLAMIDE SODIUM UP TO 500 MG		S3847	GENETIC TESTING FOR TAY-SACHS DISEASE
J1160	INJECTION DIGOXIN UP TO 0.5 MG		S3848	GENETIC TESTING FOR GAUCHER DISEASE
J1165	INJECTION PHENYTOIN SODIUM PER 50 MG		S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASES
J1170	INJECTION HYDROMORPHONE UP TO 4 MG		S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA
J1180	INJECTION DYPHYLLINE UP TO 500 MG		S3851	GENETIC TESTING FOR CANAVAN DISEASE
J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG		S3852	DNA ANALY APOE EPSILON 4 ALLELE SUSECPT ALZS DZ
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG		S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY
J1205	INJECTION CHLOROTHIAZIDE SODIUM PER 500 MG		S3854	GENE EXPRSSGENE EXPRSSION PROFILING PANL MGMT BR
J1212	INJECTION DMSO DIMETHYL SULFOXIDE 50% 50 ML		S3855	GENETIC TEST DETECT MUTATIONS PRESENILIN 1 GENE
J1230	INJECTION METHADONE HCL UP TO 10 MG		S3890	DNA ANALYSIS FECAL COLORECTAL CANCER SCREENING
J1240	INJECTION DIMENHYDRINATE UP TO 50 MG		S3900	SURFACE ELECTROMYOGRAPHY
J1245	INJECTION DIPYRIDAMOLE PER 10 MG		S3902	BALLISTOCARDIOGRAM
J1250	INJECTION DOBUTAMINE HCI PER 250 MG		S3904	MASTERS TWO STEP
J1260	INJECTION DOLASETRON MESYLATE 10 MG		S3905	NONINVASV ELECDX TEST AUTO CMPTRZD HAND-HELD DVC
J1270	INJECTION DOXERCALCIFEROL 1 MCG		S4005	INTERIM LABOR FACILITY GLOBAL
J1300	ECULIZUMAB INJECTION		S4011	IN VITRO FERTILIZATION;
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG		S4013	CMPL CYCLE GAMETE INTRAFALLOPIAN TRNSF CASE RATE
J1324	INJECTION ENFUVIRTIDE 1 MG		S4014	CMPL CYCLE ZYGOTE INTRAFALLOPIAN TRNSF CASE RATE
J1325	INJECTION EPOPROSTENOL 0.5 MG		S4015	CMPL IN VITRO FERTILIZATION CYCLE CASE RATE NOS
J1327	INJECTION EPTIFIBATIDE 5 MG		S4016	FROZEN IN VITRO FERTILIZATION CYCLE CASE RATE
J1330	INJECTION ERGONOVINE MALEATE UP TO 0.2 MG		S4017	INCPL CYCLE TX CANCELED PRIOR TO STIM CASE RATE
J1335	INJECTION ERTAPENEM SODIUM 500 MG		S4018	FRZN EMB TRANS PROC CANCEL BEFR TRANS CASE RATE
J1364	INJECTION ERYTHROMYCIN LACTOBIONATE PER 500 MG		S4020	IVF PROC CANCELLED BEFORE ASPIRATION CASE RATE
J1380	INJECTION ESTRADIOL VALERATE UP TO 10 MG		S4021	IVF PROC CANCELLED AFTER ASPIRATION CASE RATE
J1390	INJECTION ESTRADIOL VALERATE UP TO 20 MG		S4022	ASSISTED OOCYTE FERTILIZATION CASE RATE
J1410	INJECTION ESTROGEN CONJUGATED PER 25 MG		S4023	DONOR EGG CYCLE INCOMPLETE CASE RATE
J1430	INJECTION ETHANOLAMINE OLEATE 100 MG		S4025	DONOR SERVICES IN VITRO FERTILIZATION CASE RATE
J1435	Injection estrone per 1 MG		S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK
J1436	INJECTION ETIDRONATE DISODIUM PER 300 MG		S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS
J1438	INJECTION ETANERCEPT 25 MG		S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION
J1440	INJECTION FILGRASTIM 300 MCG		S4030	SPERM PROCUREMENT&CRYOPRES SERVICES; INIT VISIT
J1441	INJECTION FILGRASTIM 480 MCG		S4031	SPERM PROCUREMENT&CRYOPRES SRVC; SUBSQT VISIT
J1450	INJECTION FLUCONAZOLE 200 MG		S4035	STIM INTRAUTERINE INSEMINATION CASE RATE
J1452	INJECTION FOMIVIRSEN SODIUM INTRAOCULAR 1.65 MG		S4037	CRYOPRESERVED EMBRYO TRANSFER CASE RATE
J1455	INJECTION FOSCARNET SODIUM PER 1000 MG		S4040	MON & STORAGE CRYOPRESERVED EMBRYOS PER 30 DAYS
J1457	INJECTION GALLIUM NITRATE 1 MG		S4042	MANAGEMENT OF OVULATION INDUCTION PER CYCLE
J1460	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 1 CC		S4981	INSRTION LEVONORGESTREL-RELEASING INTRAUTERN SYS
J1470	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 2 CC		S4989	CONTRACEPTIVE IUD INCLUDING IMPLANTS&SUPPLIES

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J1480	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 3 CC		S4990	NICOTINE PATCHES LEGEND
J1490	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 4 CC		S4991	NICOTINE PATCHES NON-LEGEND
J1500	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 5 CC		S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL
J1510	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 6 CC		S4995	SMOKING CESSATION GUM
J1520	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 7 CC		S5000	PRESCRIPTION DRUG GENERIC
J1530	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 8 CC		S5001	PRESCRIPTION DRUG BRAND NAME
J1540	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 9 CC		S5010	5% DEXTROSE AND 0.45% NORMAL SALINE 1000 ML
J1550	INJECTION GAMMA GLOBULIN INTRAMUSCULAR 10 CC		S5011	5% DEXTROSE IN LACTATED RINGERS 1000 ML
J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC		S5012	5% DEXTROSE WITH POTASSIUM CHLORIDE 1000 ML
J1562	INJECTION IMMUNE GLOBULIN SUBCUTANEOUS 100 MG		S5013	5% DXTROS/45% NL SALINE KCI & MG SULFATE 1000 ML
J1565	INJECTION RSV IMMUNE GLOBULIN INTRAVENOUS 50 MG		S5014	5% DEXTROSE/45% NL SALINE W/KCL&MGSO4 1500 ML
J1566	INJECTION IG IV LYOPHILIZED POWDER 500 MG		S5035	HOME INFUS THERAPY ROUTINE SERVICE INFUS DEVICE
J1568	OCTAGAM INJECTION		S5036	HOME INFUSION THERAPY REPAIR OF INFUSION DEVICE
J1569	GAMMAGARD LIQUID INJECTION		S5100	DAY CARE SERVICES ADULT; PER 15 MINUTES
J1570	INJECTION GANCICLOVIR SODIUM 500 MG		S5101	DAY CARE SERVICES ADULT; PER HALF DAY
J1571	HEPAGAM B IM INJECTION		S5102	DAY CARE SERVICES ADULT; PER DIEM
J1572	FLEBOGAMMA INJECTION		S5105	DAY CARE SRVC CENTER-BASED; SRVC NOT W/PROGM FEE
J1573	HEPAGAM B INTRAVENOUS, INJ		S5108	HOME CARE TRAINING HOME CARE CLIENT PER 15 MIN
J1580	INJECTION GARAMYCIN GENTAMICIN UP TO 80 MG		S5109	HOME CARE TRAINING HOME CARE CLIENT PER SESSION
J1590	INJECTION GATIFLOXACIN 10 MG		S5110	HOME CARE TRAINING FAMILY; PER 15 MINUTES
J1595	INJECTION GLATIRAMER ACETATE 20 MG		S5115	HOME CARE TRAINING NON-FAMILY; PER 15 MINUTES
J1600	INJECTION GOLD SODIUM THIOMALATE UP TO 50 MG		S5116	HOME CARE TRAINING NON-FAMILY; PER SESSION
J1610	INJECTION GLUCAGON HYDROCHLORIDE PER 1 MG		S5120	CHORE SERVICES; PER 15 MINUTES
J1620	INJECTION GONADORELIN HYDROCHLORIDE PER 100 MCG		S5121	CHORE SERVICES; PER DIEM
J1626	INJECTION GRANISETRON HYDROCHLORIDE 100 MCG		S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES
J1630	INJECTION HALOPERIDOL UP TO 5 MG		S5126	ATTENDANT CARE SERVICES; PER DIEM
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG		S5130	HOMEMAKER SERVICE NOS; PER 15 MINUTES
J1642	INJECTION HEPARIN SODIUM PER 10 UNITS		S5131	HOMEMAKER SERVICE NOS; PER DIEM
J1644	INJECTION HEPARIN SODIUM PER 1000 UNITS		S5135	COMPANION CARE ADULT ; PER 15 MINUTES
J1645	INJECTION DALTEPARIN SODIUM PER 2500 IU		S5136	COMPANION CARE ADULT ; PER DIEM
J1650	INJECTION ENOXAPARIN SODIUM 10 MG		S5140	FOSTER CARE ADULT; PER DIEM
J1652	INJECTION FONDAPARINUX SODIUM 0.5 MG		S5141	FOSTER CARE ADULT; PER MONTH
J1655	INJECTION TINZAPARIN SODIUM 1000 IU		S5145	FOSTER CARE THERAPEUTIC CHILD; PER DIEM
J1670	INJECTION TETANUS IMMUNE GLOB HUMAN TO 250 UNITS		S5146	FOSTER CARE THERAPEUTIC CHILD; PER MONTH
J1675	INJECTION HISTRELIN ACETATE 10 MICROGRAMS		S5150	UNSKILLED RESPITE CARE NOT HOSPICE; PER 15 MIN
J1700	INJECTION HYDROCORTISONE ACETATE UP TO 25 MG		S5151	UNSKILLED RESPITE CARE NOT HOSPICE; PER DIEM
J1710	INJ HYDROCORTISONE SODIUM PHOSPHATE TO 50 MG		S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION&TESTING
J1720	INJ HYDROCORTISONE SODIUM SUCCINATE TO 100 MG		S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE PER MONTH
J1730	INJECTION DIAZOXIDE UP TO 300 MG		S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY
J1742	INJ IBUTILIDE FUMARATE 1 MG		S5170	HOME DELIV MEALS INCLUDING PREPARATION; PER MEAL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J1743	IDURSULFASE INJECTION		S5175	LAUNDRY SERVICE EXTERNAL PROFESSIONAL; PER ORDER
J1745	INJECTION INFLIXIMAB 10 MG		S5180	HOME HEALTH RESPIRATORY THERAPY INIT EVALUATION
J1756	INJECTION IRON SUCROSE 1 MG		S5181	HOME HEALTH RESPIRATORY THERAPY NOS PER DIEM
J1785	INJECTION IMIGLUCERASE PER UNIT		S5185	MED REMINDER SERVICE NON-FACE-TO-FACE; MONTH
J1790	INJECTION DROPERIDOL UP TO 5 MG		S5190	WELLNESS ASSESSMENT PERFORMED BY NONPHYSICIAN
J1800	INJECTION PROPRANOLOL HCL UP TO 1 MG		S5199	PERSONAL CARE ITEM NOS EACH
J1810	INJ DROPERIDOL&FENTANYL CITRATE UP TO 2 ML AMP		S5497	HOME INFUS TX CATH CARE/MAINT NOC; PER DIEM
J1815	INJECTION INSULIN PER 5 UNITS		S5498	HOME INFUS TX CATH CARE/MAINT SIMPLE PER DIEM
J1817	INSULIN ADMINISTRATION THROUGH DME PER 50 UNITS		S5501	HOME INFUS TX CATH CARE/MAINT COMPLEX PER DIEM
J1825	INJECTION INTERFERON BETA-1A 33 MCG		S5502	HOME INFUS TX CATH CARE IMPL ACCESS DEVC DIEM
J1830	INJECTION INTERFERON BETA-1B 0.25 MG		S5517	HIT ALL SPL NECES RESTOR CATH PATENCY/DECLOT
J1835	INJECTION ITRACONAZOLE 50 MG		S5518	HOME INFUSION THERAPY ALL SPL NECES CATH REPAIR
J1840	INJECTION KANAMYCIN SULFATE UP TO 500 MG		S5520	HOME INFUSION TX ALL SPL NECES PICC LINE INSERT
J1850	INJECTION KANAMYCIN SULFATE UP TO 75 MG		S5521	HOME INFUS TX ALL SPL NECES MIDLINE CATH INSERT
J1885	INJECTION KETOROLAC TROMETHAMINE PER 15 MG		S5522	HOM INFUS TX INSRTION PICC NRS SRVC ONLY
J1890	INJECTION CEPHALOTHIN SODIUM UP TO 1 G		S5523	HIT INSERT MIDLINE CVC NRS SRVC ONLY
J1940	INJECTION FUROSEMIDE UP TO 20 MG		S5550	INSULIN RAPID ONSET; 5 UNITS
J1950	INJECTION LEUPROLIDE ACETATE PER 3.75 MG		S5551	INSULIN MOST RAPID ONSET; 5 UNITS
J1955	INJECTION LEVOCARNITINE PER 1 G		S5552	INSULIN INTERMEDIATE ACTING; 5 UNITS
J1956	INJECTION LEVOFLOXACIN 250 MG		S5553	INSULIN LONG ACTING; 5 UNITS
J1960	INJECTION LEVORPHANOL TARTRATE UP TO 2 MG		S5560	INSULIN DELIVERY DEVICE REUSABLE PEN; 1.5 ML SZ
J1980	INJECTION HYOSCYAMINE SULFATE UP TO 0.25 MG		S5561	INSULIN DELIVERY DEVICE REUSABLE PEN; 3 ML SIZE
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG		S5565	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 150 U
J2001	INJECTION LIDOCAINE HCL INTRAVENOUS INFUS 10 MG		S5566	INSULIN CARTRIDGE INSULIN DEVC NOT PUMP; 300 U
J2010	INJECTION LINCOMYCIN HCL UP TO 300 MG		S5570	INSULIN DELIV DEVICE DISPOSABLE PEN; 1.5 ML SIZE
J2020	INJECTION LINEZOLID 200 MG		S5571	INSULIN DELIV DEVICE DISPOSABLE PEN; 3 ML SIZE
J2060	INJECTION LORAZEPAM 2 MG		S8030	SCLERAL APPLICATION TANTALUM RING PROTON BEAM TX
J2150	INJECTION MANNITOL 25% IN 50 ML		S8035	MAGNETIC SOURCE IMAGING
J2170	INJECTION MECASERMIN 1 MG		S8040	TOPOGRAPHIC BRAIN MAPPING
J2175	INJECTION MEPERIDINE HCL PER 100 MG		S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD
J2180	INJECTION MEPERIDINE&PROMETHAZINE HCL TO 50 MG		S8049	INTRAOPERATIVE RADIATION THERAPY
J2185	INJECTION MEROPENEM 100 MG		S8055	ULTRASOUND GUID MULTIFETAL PG RDUC TECH CMPNT
J2210	INJECTION METHYLERGONOVINE MALEATE UP TO 0.2 MG		S8080	SCINTIMAMMOGRAPHY UNI INCL SUPPLY RADIOPHARM
J2248	INJECTION MICAFUNGIN SODIUM 1 MG		S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS
J2250	INJECTION MIDAZOLAM HCL PER 1 MG		S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY
J2260	INJECTION MILRINONE LACTATE 5 MG		S8096	PORTABLE PEAK FLOW METER
J2270	INJECTION MORPHINE SULFATE UP TO 10 MG		S8097	ASTHMA KIT
J2271	INJECTION MORPHINE SULFATE 100 MG		S8100	HOLDING CHAMB/SPACR W/INHAL/NEBULIZR; W/O MASK
J2275	INJECTION MORPHINE SULFATE PER 10 MG		S8101	HOLDING CHAMB/SPACR W/AN INHAL/NEBULIZR; W/MASK
J2280	INJECTION MOXIFLOXACIN 100 MG		S8110	PEAK EXPIRATORY FLOW RATE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J2300	INJECTION NALBUPHINE HCL PER 10 MG		S8120	O2 CONTENTS GASEOUS 1 UNIT EQULS 1 CUBIC FOOT
J2310	INJECTION NALOXONE HCL PER 1 MG		S8121	OXYGEN CONTENTS LIQUID 1 UNIT EQUALS 1 POUND
J2320	INJECTION NANDROLONE DECANOATE UP TO 50 MG		S8186	SWIVEL ADAPTOR
J2321	INJECTION NANDROLONE DECANOATE UP TO 100 MG		S8189	TRACHEOSTOMY SUPPLY NOT OTHERWISE CLASSIFIED
J2322	INJECTION NANDROLONE DECANOATE UP TO 200 MG		S8190	ELECTRONIC SPIROMETER
J2323	NATALIZUMAB INJECTION		S8210	MUCUS TRAP
J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG		S8262	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH
J2354	INJ OCTREOTIDE NON-DEPOT FORM SUBQ/IV INJ 25 MCG		S8270	ENURESIS ALARM AUDITORY BUZZER &/ VIBRATION DEVC
J2355	INJECTION OPRELVEKIN 5 MG		S8301	INFECTION CONTROL SUPPLIES NOS
J2360	INJECTION ORPHENADRINE CITRATE UP TO 60 MG		S8415	SUPPLIES FOR HOME DELIVERY OF INFANT
J2370	INJECTION PHENYLEPHRINE HCL UP TO 1 ML		S8420	GRADIENT PRESSURE AID SLEEVE&GLOVE CUSTOM MADE
J2400	INJECTION CHLOROPROCAINE HCL PER 30 ML		S8421	GRADIENT PRESSURE AID SLEEVE&GLOVE READY MADE
J2405	INJECTION ONDANSETRON HCL PER 1 MG		S8422	GRADIENT PRESSURE AID SLEEVE CUSTOM MED WEIGHT
J2410	INJECTION OXYMORPHONE HCL UP TO 1 MG		S8423	GRADIENT PRESSURE AID SLEEVE CUSTOM HEAVY WEIGHT
J2430	INJECTION PAMIDRONATE DISODIUM PER 30 MG		S8424	GRADIENT PRESSURE AID SLEEVE READY MADE
J2440	INJECTION PAPAVERINE HCL UP TO 60 MG		S8425	GRADIENT PRESSURE AID GLOVE CUSTOM MEDIUM WEIGHT
J2460	INJECTION OXYTETRACYCLINE HCL UP TO 50 MG		S8426	GRADIENT PRESSURE AID GLOVE CUSTOM HEAVY WEIGHT
J2501	INJECTION PARICALCITOL 1 MCG		S8427	GRADIENT PRESSURE AID GLOVE READY MADE
J2505	INJECTION PEGFILGRASTIM 6 MG		S8428	GRADIENT PRESSURE AID GAUNTLET READY MADE
J2510	INJECTION PCN G PROCAINE AQUEOUS TO 600000 UNITS		S8429	GRADIENT PRESSURE EXTERIOR WRAP
J2513	INJECTION PENTASTARCH 10% SOLUTION 100 ML		S8430	PADDING FOR COMPRESSION BANDAGE ROLL
J2515	INJECTION PENTOBARBITAL SODIUM PER 50 MG		S8431	COMPRESSION BANDAGE ROLL
J2540	INJECTION PENICILLIN G POTASSIUM TO 600000 UNITS		S8450	SPLINT PREFABRICATED DIGIT
J2543	INJ PIPERACILLIN SOD/TAZOBACTAM SOD 1 G/0.125 G		S8451	SPLINT PREFABRICATED WRIST OR ANKLE
J2545	PENTAMIDINE ISETHIONATE INHAL SOL 300 MG DME		S8452	SPLINT PREFABRICATED ELBOW
J2550	INJECTION PROMETHAZINE HCL UP TO 50 MG		S8460	CAMISOLE POST-MASTECTOMY
J2560	INJECTION PHENOBARBITAL SODIUM UP TO 120 MG		S8490	INSULIN SYRINGES
J2590	INJECTION OXYTOCIN UP TO 10 UNITS		S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION
J2597	INJECTION DESMOPRESSIN ACETATE PER 1 MCG		S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M
J2650	INJECTION PREDNISOLONE ACETATE UP TO 1 ML		S8950	COMPLEX LYMPHEDEMA THERAPY EACH 15 MINUTES
J2670	INJECTION TOLAZOLINE HCL UP TO 25 MG		S8990	PHYSICAL/MANIP TX MAINT RATHER THAN RESTORATION
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG		S8999	RESUSCITATION BAG
J2690	INJECTION PROCAINAMIDE HCL UP TO 1 GM		S9001	HOME UTERINE MONITOR W/WO ASSOC NURSING SERVICES
J2700	INJECTION OXACILLIN SODIUM UP TO 250 MG		S9007	ULTRAFILTRATION MONITOR
J2710	INJECTION NEOSTIGMINE METHYLSULFATE UP TO 0.5 MG		S9015	AUTOMATED EEG MONITORING
J2720	INJECTION PROTAMINE SULFATE PER 10 MG		S9024	PARANASAL SINUS ULTRASOUND
J2724	PROTEIN C CONCENTRATE		S9025	OMNICARDIOGRAM/CARDIOINTEGRAM
J2725	INJECTION PROTIRELIN PER 250 MCG		S9034	EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY GALL STONES
J2730	INJECTION PRALIDOXIME CHLORIDE UP TO 1 GM		S9055	PROCUREN/OTH GROWTH FCT PREP PROMOTE WND HEALING
J2760	INJECTION PHENTOLAMINE MESYLATE UP TO 5 MG		S9056	COMA STIMULATION PER DIEM

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J2765	INJECTION METOCLOPRAMIDE HCL UP TO 10 MG		S9061	HOME ADMIN AEROSOLIZED DRUG THERAPY PER DIEM
J2770	INJECTION QUINUPRISTIN/DALFOPRISTIN 500 MG		S9075	SMOKING CESSATION TREATMENT
J2778	RANIBIZUMAB INJECTION		S9083	GLOBAL FEE URGENT CARE CENTERS
J2780	INJECTION RANITIDINE HYDROCHLORIDE 25 MG		S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER
J2783	INJECTION RASBURICASE 0.5 MG		S9090	VERTEBRAL AXIAL DECOMPRESSION PER SESSION
J2788	INJECTION RHO D IG HUMAN MINIDOSE 50 MCG		S9092	CANOLITH REPOSITIONING PER VISIT
J2790	INJECTION RHO D IG HUMAN FULL DOSE 300 MCG		S9097	HOME VISIT FOR WOUND CARE
J2791	INJ, RHO (D) IMMUNE GLOBULIN IM OR IV 100 IU		S9098	HOME VISIT PHOTOTHERAPY SERVICES PER DIEM
J2792	INJ RHO D IMMUE GLOBULIN IV HUMN 100 IU		S9109	CONGESTIVE HEART FAILURE TELEMONITOR PER MONTH
J2795	INJECTION ROPIVACAINE HYDROCHLORIDE 1 MG		S9117	BACK SCHOOL PER VISIT
J2800	INJECTION METHOCARBAMOL UP TO 10 ML		S9125	RESPITE CARE IN THE HOME PER DIEM
J2810	INJECTION THEOPHYLLINE PER 40 MG		S9126	HOSPICE CARE IN THE HOME PER DIEM
J2820	INJECTION SARGRAMOSTIM 50 MCG		S9127	SOCIAL WORK VISIT IN THE HOME PER DIEM
J2910	INJECTION AUROTHIOGLUCOSE UP TO 50 MG		S9128	SPEECH THERAPY IN THE HOME PER DIEM
J2916	INJ SODIM FERRIC GLUCONATE CMPLX SUCROSE 12.5 MG		S9129	OCCUPATIONAL THERAPY IN THE HOME PER DIEM
J2920	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 40 MG		S9131	PHYSICAL THERAPY; IN THE HOME PER DIEM
J2930	INJ METHYLPRDNISOLONE SODIUM SUCCNAT TO 125 MG		S9140	DIABETIC MGMT PROGM F/U VISIT NON-MD PROVIDER
J2940	INJECTION SOMATREM 1 MG		S9141	DIABETIC MANAGEMENT PROGM F/U VISIT MD PROVIDER
J2941	INJECTION SOMATROPIN 1 MG		S9145	INSULIN PUMP INITIATION INSTRUCTION USE OF PUMP
J2950	INJECTION PROMAZINE HCL UP TO 25 MG		S9150	EVALUATION BY OCCULARIST
J2993	INJECTION RETEPLASE 18.1 MG		S9152	SPEECH THERAPY RE-EVALUATION
J2995	INJECTION STREPTOKINASE PER 250000 IU		S9208	HOME MANAGEMENT OF PRETERM LABOR PER DIEM
J2997	INJECTION ALTEPLASE RECOMBINANT 1 MG		S9209	HOME MGMT PRETERM PRMAT RUPTURE MEMBRANES DIEM
J3000	INJECTION STREPTOMYCIN UP TO 1 G		S9211	HOME MGMT GESTATIONAL HYPERTENSION; PER DIEM
J3010	INJECTION FENTANYL CITRATE 0.1 MG		S9212	HOME MANAGEMENT POSTPARTUM HYPERTENSION PER DIEM
J3030	INJECTION SUMATRIPTAN SUCCINATE 6 MG		S9213	HOME MANAGEMENT OF PREECLAMPSIA; PER DIEM
J3070	INJECTION PENTAZOCINE 30 MG		S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES; DIEM
J3100	INJECTION TENECTEPLASE 50 MG		S9325	HIT PAIN MANAGEMENT INFUSION; PER DIEM
J3105	INJECTION TERBUTALINE SULFATE UP TO 1 MG		S9326	HIT CONT PAIN MGMT INFUS; CARE COORD PER DIEM
J3110	INJECTION TERIPARATIDE 10 MCG		S9327	HIT INTERMIT PAIN MGMT INFUS; CARE COORD DIEM
J3120	INJECTION TESTOSTERONE ENANTHATE UP TO 100 MG		S9328	HIT IMPLANTED PUMP PAIN MGMT INFUS; PER DIEM
J3130	INJECTION TESTOSTERONE ENANTHATE UP TO 200 MG		S9329	HOME INFUSION TX CHEMOTHERAPY INFUSION; PER DIEM
J3140	INJECTION TESTOSTERONE SUSPENSION UP TO 50 MG		S9330	HIT CONT CHEMOTHAPY INFUS; CARE COORD PER DIEM
J3150	INJECTION TESTOSTERONE PROPIONATE UP TO 100 MG		S9331	HIT INTERMIT CHEMOTHAPY INFUS; CARE COORD-DIEM
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG		S9335	HOM TX HD; ADMIN PROF PHRM SRVC SPL&EQP PER DIEM
J3240	INJ THYROTROPIN ALPHA 0.9 MG PROV 1.1 MG VIAL		S9336	HOME INFUS TX CONT ANTICOAGULANT INFUS TX DIEM
J3246	INJECTION TIROFIBAN HCI 0.25 MG		S9338	HIT IMMUOTHAPY; CARE COORDINATION PER DIEM
J3250	INJECTION TRIMETHOBENZAMIDE HCL UP TO 200 MG		S9339	HOME THERAPY; PERITONEAL DIALYSIS PER DIEM
J3260	INJECTION TOBRAMYCIN SULFATE UP TO 80 MG		S9340	HOME THERAPY; ENTERAL NUTRITION; PER DIEM
J3265	Injection torsemide 10 mg/ml		S9341	HOME TX; ENTERAL NUTRITION VIA GRAVITY; PER DIEM

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J3280	INJECTION THIETHYLPERAZINE MALEATE UP TO 10 MG		S9342	HOME TX; ENTERAL NUTRITION VIA PUMP; PER DIEM
J3301	INJECTION TRIAMCINOLONE ACETONIDE PER 10 MG		S9343	HOME TX; ENTERAL NUTRITION VIA BOLUS; PER DIEM
J3302	INJECTION TRIAMCINOLONE DIACETATE PER 5 MG		S9345	HOME INFUSION TX ANTI-HEMOPHILIC AGENT; PER DIEM
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE PER 5 MG		S9346	HOME INFUS TX ALPHA-1-PROTEINASE INHIBITOR; DIEM
J3305	INJECTION TRIMETREXATE GLUCORONATE PER 25 MG		S9347	HIT UNINTRPED LNG-TERM CNTRL RATE IV/SUBQ;-DIEM
J3310	INJECTION PERPHENAZINE UP TO 5 MG		S9348	HIT SYMPATHOMIMETIC/INOTROPIC AGENT PER DIEM
J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG		S9349	HOME INFUSION THERAPY TOCOLYTIC; PER DIEM
J3320	INJ SPECTINOMYCIN DIHYDROCHLORIDE UP TO 2 GM		S9351	HOME INFUSION THERAPY CONT ANTI-EMETIC; PER DIEM
J3350	INJECTION UREA UP TO 40 GM		S9353	HOME INFUSION THERAPY CONT INSULIN; PER DIEM
J3355	INJECTION UROFOLLITROPIN 75 IU		S9355	HOME INFUSION THERAPY CHELATION; PER DIEM
J3360	INJECTION DIAZEPAM UP TO 5 MG		S9357	HOME INFUSION TX ENZYME REPL IV TX; PER DIEM
J3364	INJECTION UROKINASE 5000 IU VIAL		S9359	HIT ANTI-TUMOR NECROS FACTOR IV TX; PER DIEM
J3365	INJECTION IV UROKINASE 250000 IU VIAL		S9361	HOME INFUSION THERAPY DIURETIC IV TX; PER DIEM
J3370	INJECTION VANCOMYCIN HCL 500 MG		S9363	HIT ANTI-SPASMOTIC TX; CARE SPL&EQP PER DIEM
J3400	INJECTION TRIFLUPROMAZINE HCL UP TO 20 MG		S9364	HIT TOTAL PARENTERAL NUTRITION; CARE COORD DIEM
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG		S9365	HOM INFUS TX TPN; 1 LITER-DAY DIEM
J3411	INJECTION THIAMINE HCL 100 MG		S9366	HIT TPN; > 1 LITER BUT NOT > 2 LITERS-DA-DIEM
J3415	INJECTION PYRIDOXINE HCL 100 MG		S9367	HIT TPN; > 2 LITERS BUT NOT > 3 LITERS-DA -DIEM
J3420	INJECTION VIT B-12 CYANOCOBALAMIN TO 1000 MCG		S9368	HIT TOTAL PARENTERAL NUTRIT; > 3 LITERS-DA -DIEM
J3430	INJECTION PHYTONADIONE PER 1 MG		S9370	HOME THERAPY INTERMITTENT ANTI-EMETIC INJ TX;
J3465	INJECTION VORICONAZOLE 10 MG		S9372	HOME THERAPY; INTERMITTENT ANTICOAGULANT INJ TX;
J3470	INJECTION HYALURONIDASE UP TO 150 UNITS		S9373	HOME INFUSION THERAPY HYDRATION TX; PER DIEM
J3471	INE HYALURONIDASE OVINE PRES FREE 1 USP UNIT		S9374	HOME INFUSION THERAPY HYDRATION TX; 1 LITER DAY
J3472	INJ HYALURONIDASE OVINE PRES FREE-1000 USP UNITS		S9375	HIT HYDRATION TX; >1 LITER NO>2 LITERS DAY
J3473	INJECTION HYALURONIDASE RECOMBINANT 1 USP UNIT		S9376	HIT HYDRATION TX; >2 LITERS NO>3 LITERS DAY
J3475	INJECTION MAGNESIUM SULPHATE PER 500 MG		S9377	HOME INFUS THERAPY HYDRATION TX; >3 LITERS DAY
J3480	INJECTION POTASSIUM CHLORIDE PER 2 MEQ		S9379	HOME INFUSION THERAPY INFUSION THERAPY NOC; DIEM
J3485	INJECTION ZIDOVUDINE 10 MG		S9381	DEL/SRVC HI RISK REQ ESCORT/EXTRA PROTECT VISIT
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG		S9401	ANTICOAGULAT CLIN INCL ALL SERV NO LAB PER SESS
J3487	INJECTION ZOLEDRONIC ACID 1 MG		S9430	PHARMACY COMPOUNDING AND DISPENSING SERVICES
J3488	RECLAST INJECTION		S9434	MOD SOLID FOOD SUPPLEMENTS INBORN ERRORS METAB
J3490	UNCLASSIFIED DRUGS		S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM
J3520	Edetate disodium per 150 mg		S9436	CHILDBIRTH PREP/LAMAZE CLASS NON-MD PER SESS
J3530	Nasal vaccine inhalation		S9437	CHILDBRTH REFRESH CLASSES NON-PHYSICIAN PER SESS
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER		S9438	CESAREAN BIRTH CLASSES NON-PHYSICIAN PER SESSION
J3570	LAETRILE AMYGDALIN VITAMIN B17		S9439	VBAC CLASSES NON-PHYSICIAN PER SESSION
J3590	UNCLASSIFIED BIOLOGICS		S9441	ASTHMA ED NON-PHYSICIAN PROVIDER PER SESSION
J7030	INFUSION NORMAL SALINE SOLUTION 1000 CC		S9442	BIRTHING CLASSES NON-PHYSICIAN PROVIDER-SESSION
J7040	INFUSION NORMAL SALINE SOLUTION STERILE		S9443	LACTATION CLASSES NON-PHYSICIAN PROVIDER-SESSION
J7042	5% dextrose/normal saline		S9444	PARENTING CLASSES NON-PHYSICIAN PER SESS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
J7050	INFUSION NORMAL SALINE SOLUTION 250 CC		S9445	PT ED NOC NON-PHYSICIAN PPT ED NOC NON-PHYSICIAN
J7060	5% dextrose/water		S9446	PT ED NOC NON-PHYSICIAN PROVIDER GROUP SESSION
J7070	INFUSION D-5-W 1000 CC		S9447	INFANT SAFETY CLASSES NON-PHYSICIAN PER SESSION
J7100	INFUSION DEXTRAN 40500 ML		S9449	WEIGHT MANAGEMENT CLASSES NON-PHYS PER SESSION
J7110	INFUSION DEXTRAN 75500 ML		S9451	EXERCISE CLASSES NON-PHYSICIAN PER SESSION
J7120	RINGERS LACTATE INFUSION UP TO 1000 CC		S9452	NUTRITION CLASSES NON-PHYSICIAN PER SESSION
J7130	HYPERTONIC SALINE SOLUTION 50/100 MEQ 20 CC VIAL		S9453	SMOKING CESSATION CLASSES NON-PHYSICIAN PER SESS
J7187	INJ VONWILLEBRND FACTOR CMPLX HUMN RISTOCETIN IU		S9454	STRESS MGMT CLASSES NON-PHYSICIAN PER SESSION
J7189	FACTOR VIIA 1 MICROGRAM		S9455	DIABETIC MANAGEMENT PROGRAM GROUP SESSION
J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU		S9460	DIABETIC MANAGEMENT PROGRAM NURSE VISIT
J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU		S9465	DIABETIC MANAGEMENT PROGRAM DIETITIAN VISIT
J7192	FACTOR VIII ANTIHEMOPHILIC FACTOR RECOMBINANT IU		S9470	NUTRITIONAL COUNSELING DIETITIAN VISIT
J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU		S9472	CARD REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
J7194	FACTOR IX COMPLEX PER IU		S9473	PULM REHAB PROGM NON-PHYSICIAN PROVIDER PER DIEM
J7195	FACTOR IX PER IU		S9474	ENTRSTML TX REGISTERED NRS CERT ENTRSTML TX-DIEM
J7197	ANTITHROMBIN III PER IU		S9475	AMB SET SUBSTANCE ABS TX/DTOXFICATION SRVC-DIEM
J7198	ANTI-INHIBITOR PER IU		S9476	VESTIBULAR REHAB PROGM NON-PHYSICIAN PROV-DIEM
J7199	HEMOPHILIA CLOTTING FACTOR NOC		S9480	INTENSIVE OP PSYCHIATRIC SERVICES PER DIEM
J7300	INTRAUTERINE COPPER CONTRACEPTIVE		S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES
J7302	LEVONORGESTREL-RLSE INTRAUTERN CNTRACPT 52 MG		S9484	CRISIS INTERVEN MENTAL HEALTH SERVICES PER HOUR
J7303	CONTRACEPT SUPPLY HORMONE CONTAINING VAG RING EA		S9485	CRISIS INTERVENT MENTAL HEALTH SERV
J7304	CONTRACEPTIVE SUPPLY HORMONE CONTAINING PATCH EA		S9490	HIT CORTICOSTEROID INFUS; ADMN SRVC PROF PHRM SR
J7307	ETONOGESTREL IMPLANT SYSTEM		S9494	HIT ABX ANTIVIRAL/ANTIFUNGAL THERAPY; PER DIEM
J7308	AMINOLEVULINIC ACID HCL TOP ADMN 20% 1 U DOSE		S9497	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q3 HRS DIEM
J7310	GANCICLOVIR 45 MG LONG-ACTING IMPLANT		S9500	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q24 HRS DIEM
J7321	HYALGAN/SUPARTZ INJ PER DOSE		S9501	HIT ABX ANTIVIRAL/ANTIFUNGAL TX; Q12 HRS DIEM
J7322	SYNVISC INJ PER DOSE		S9502	HIT ABX ANTIVIRAL/ANTIFUNGAL; Q8 HRS PER DIEM
J7323	EUFLEXXA INJ PER DOSE		S9503	HIT ANTIBIOTC ANTIVIRAL/ANTIFUNGAL; Q6 HRS; DIEM
J7324	ORTHOVISC INJ PER DOSE		S9504	HIT ABX ANTIVIRAL/ANTIFUNGAL; Q4 HRS; PER DIEM
J7330	AUTOLOGOUS CULTURED CHONDROCYTES IMPLANT		S9529	HOME OR SKILLED NURSING FACILITY PATIENT
J7341	DERM TISS NH ORIGIN W/METABL ACTIVE ELEM SQ CM		S9537	HOME TX HEMATOPOIETIC HORMONE INJ TX;PER DIEM
J7344	DERM SUBST TISS H ORIG W/O METAB ELEM PER SQ CM		S9538	HOME TRANSFUSION OF BLOOD PRODUCT; PER DIEM
J7346	DERM TISS HUMN INJECTBL W/O METAB ACTV ELEM 1 CC		S9542	HOME INJ TX NOC W/CARE COORDINATION PER DIEM
J7347	INTEGRA MATRIX TISSUE		S9558	HIT GROWTH HORMONE W/CARE COORDINATION PER DIEM
J7348	TISSUEMEND TISSUE		S9559	HIT INTERFERON W/CARE COORDINATION PER DIEM
J7349	PRIMATRIX TISSUE		S9560	HOME INJECTABLE THERAPY; HORMONAL THERAPY DIEM
J7500	AZATHIOPRINE ORAL 50 MG		S9562	HOM INJ TX PALIVIZUMAB W/ADMN PHRM CARE-PER DIEM
J7501	AZATHIOPRINE PARENTERAL100 MG		S9590	HOM TX IRRIG TX; W/ADMN PHRM SRVC CARE-PER DIEM
			S9810	HOME THERAPY; NOT OTHERWISE CLASSIFIED PER HOUR
			S9900	SRVC BY AUTH CHRISTIAN SC PRACT PER DIEM NO IP

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
S9970	HEALTH CLUB MEMBERSHIP ANNUAL		0001F	HEART FAILURE COMPOSITE
S9975	TRANSPLANT REL LODG MEALS & TRNSPRT PER DIEM		0005F	OSTEOARTHRITIS COMPOSITE
S9976	LODGING PER DIEM NOT OTHERWISE SPECIFIED		0012F	CAP BACTERIAL ASSESS
S9977	MEALS PER DIEM NOT OTHERWISE SPECIFIED		0014F	COMP PREOP ASSESS CAT SURG
S9981	MEDICAL RECORDS COPYING FEE ADMINISTRATIVE		0015F	MELAN FOLLOW-UP COMPLETE
S9982	MEDICAL RECORDS COPYING FEE PER PAGE		0016T	THERMOTX CHOROID VASC LESION
S9986	NOT MEDICALLY NECESSARY SERVICE		0017T	PHOTOCOAGULAT MACULAR DRUSEN
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL		0019T	EXTRACORP SHOCK WV TX,MS NOS
S9989	SRVC PROVIDED OUTSIDE UNITED STATES OF AMERICA		0026T	MEASURE REMNANT LIPOPROTEINS
S9990	SERVICES PROVIDED AS PART PHASE II CLIN TRIAL		0027T	ENDOSCOPIC EPIDURAL LYSIS
S9991	SERVICES PROVIDED AS PART PHASE III CLIN TRIAL		0028T	DEXA BODY COMPOSITION STUDY
S9992	TRNSPRT COSTS CLIN TRIAL PRTCP & ONE CAREGIVER		0029T	MAGNETIC TX FOR INCONTINENCE
S9994	LODGNG COSTS CLINICAL TRIAL PRTCP&ONE CAREGIVR		0030T	ANTIPROTHROMBIN ANTIBODY
S9996	MEALS CLIN TRIAL PRTCP&ONE CAREGIVER/COMPANION		0031T	SPECULOSCOPY
S9999	SALES TAX		0032T	SPECULOSCOPY W/DIRECT SAMPLE
T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN		0041T	DETECT UR INFECT AGNT W/CPAS
T1006	ALCOHOL &OR SUBSTANCE ABS SRVC FAM/COUPLE CNSL		0042T	CT PERFUSION W/CONTRAST, CBF
T1007	ALCOHOL&/SUBSTNC ABS SRVC TX PLAN DVLP&/MOD		0043T	CO EXPIRED GAS ANALYSIS
T1009	CHILD SIT-CHILD IND REC ALCOHL&/SUBSTNC ABS SRVC		0046T	CATH LAVAGE, MAMMARY DUCT(S)
T1010	MEALS FOR IND REC ALCOHOL&/SUBSTANCE ABUSE SRVC		0047T	CATH LAVAGE, MAMMARY DUCT(S)
T1012	ALCOHOL&/SUBSTANCE ABS SERVICES SKILLS DVLP		0048T	IMPLANT VENTRICULAR DEVICE
T1014	TELEHLTH TRNSMS-MIN PROFESSIONAL SRVC BILL SEP		0049T	EXTERNAL CIRCULATION ASSIST
T1015	CLINIC VISIT/ENCOUNTER ALL-INCLUSIVE		0050T	REMOVAL CIRCULATION ASSIST
T1018	SCHOOL-BASED IND EDUCATION PROGRAM SERV BUNDLED		0051T	IMPLANT TOTAL HEART SYSTEM
T1020	PERSONAL CARE SERVICES PER DIEM		0052T	REPLACE COMPONENT HEART SYST
T1021	HOME HEALTH AIDE/CERTIFIED NURSE ASST PER VISIT		0053T	REPLACE COMPONENT HEART SYST
T1022	CONTRACT HOME HEALTH SRVC UNDER CONTRACT DAY		0058T	CRYOPRESERVATION, OVARY TISS
T1023	SCR CONSIDER IND PARTICIP SPEC PROG PROJ/TX PER		0059T	CRYOPRESERVATION, OOCYTE
T1024	EVAL&TX TEAM PROV CARE MX/SEV HANDICAP CHLD PER		0060T	ELECTRICAL IMPEDANCE SCAN
T1025	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR DIEM		0061T	DESTRUCTION OF TUMOR, BREAST
T1026	INTEN MXDISCPLIN SRVC CHILD W/CMPLX IMPAIR HR		0062T	REP INTRADISC ANNULUS;1 LEV
T1027	FAMILY TRAIN & COUNSEL CHILD DEVELOPMENT 15 MINS		0063T	REP INTRADISC ANNULUS;>1LEV
T1028	ASSESSMENT HOME PHYSICAL & FAMILY ENVIRONMENT		0064T	SPECTROSCOP EVAL EXPIRED GAS
T1029	COMP ENVIR LEAD INVESTIGAT NOT W/LAB ANALY-DWELL		0066T	CT COLONOGRAPHY;SCREEN
T1030	NURSING CARE THE HOME REGISTERED NURSE PER DIEM		0067T	CT COLONOGRAPHY;DX
T1031	NURSING CARE IN THE HOME BY LPN PER DIEM		0068T	INTERP/REPT HEART SOUND
T1502	ADMIN ORL IM&/SUBQ MED HLTH CARE AGCY/PROF-VISIT		0069T	ANALYSIS ONLY HEART SOUND
T1503	ADMN MED NOT ORAL & OR INJ HLTH AGENCY/PROF VST		0070T	INTERP ONLY HEART SOUND
T1999	MISC TX ITEMS & SUPPLIES RETAIL PURCHASESMISC TX		0071T	U/S LEIOMYOMATA ABLATE <200
T2001	NON-EMERG TRANSPORTATION; PT ATTENDANT/ESCORT		0072T	U/S LEIOMYOMATA ABLATE >200

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM		0073T	DELIVERY, COMP IMRT
T2004	NON-EMERG TRNSPRT; COMMERCIAL CARRIER MULTI-PASS		0075T	PERQ STENT/CHEST VERT ART
T2005	NONEMERGENCY TRANSPORTATION; STRETCHER VAN		0076T	S&I STENT/CHEST VERT ART
T2007	TRNSPRT WAIT TIME AIR AMB&NON-EMERG VEH 1/2 HR		0077T	CEREB THERM PERFUSION PROBE
T2010	PASRR LEVL I IDENTIFICATION SCREEN PER SCREEN		0078T	ENDOVASC AORT REPR W/DEVICE
T2011	PASRR LEVEL II EVALUATION PER EVALUATION		0079T	ENDOVASC VISC EXTNSN REPR
T2012	HABILITATION EDUCATIONAL WAIVER; PER DIEM		0080T	ENDOVASC AORT REPR RAD S&I
T2014	HABILITATION PREVOCATIONAL WAIVER; PER DIEM		0081T	ENDOVASC VISC EXTNSN S&I
T2015	HABILITATION PREVOCATIONAL WAIVER; PER HOUR		0084T	TEMP PROSTATE URETHRAL STENT
T2016	HABILITATION RESIDENTIAL WAIVER; PER DIEM		0085T	BREATH TEST HEART REJECT
T2018	HABILITATION SUPP EMPLOYMENT WAIVER; PER DIEM		0086T	L VENTRICLE FILL PRESSURE
T2019	HABILITATION SUPP EMPLOYMENT WAIVER; PER 15 MIN		0087T	SPERM EVAL HYALURONAN
T2020	DAY HABILITATION WAIVER; PER DIEM		0088T	RF TONGUE BASE VOL REDUXN
T2021	DAY HABILITATION WAIVER; PER 15 MINUTES		0089T	ACTIGRAPHY TESTING, 3-DAY
T2022	CASE MANAGEMENT; PER MONTH		0090T	CERVICAL ARTIFIC DISC
T2023	TARGETED CASE MANAGEMENT; PER MONTH		0092T	ARTIFIC DISC ADDL
T2024	SERVICE ASSESSMENT/PLAN CARE DEVELOPMENT WAIVER		0093T	CERVICAL ARTIFIC DISKECTOMY
T2025	WAIVER SERVICES; NOT OTHERWISE SPECIFIED		0095T	ARTIFIC DISKECTOMY ADDL
T2026	SPECIALIZED CHILDCARE WAIVER; PER DIEM		0096T	REV CERVICAL ARTIFIC DISC
T2027	SPECIALIZED CHILDCARE WAIVER; PER 15 MINUTES		0098T	REV ARTIFIC DISC ADDL
T2028	SPECIALIZED SUPPLY NOT OTH SPECIFIED WAIVER		0099T	IMPLANT CORNEAL RING
T2029	SPECIALIZED MEDICAL EQUIPMENT NOS WAIVER		0100T	PROSTH RETINA RECEIVE&GEN
T2030	ASSISTED LIVING WAIVER; PER MONTH		0101T	EXTRACORP SHOCKWV TX,HI ENRG
T2032	RESIDENTIAL CARE NOS WAIVER; PER MONTH		0102T	EXTRACORP SHOCKWV TX,ANESTH
T2034	CRISIS INTERVENTION WAIVER; PER DIEM		0103T	HOLOTRANSCOBALAMIN
T2036	THERAPEUTIC CAMPING OVERNIGHT WAIVER; EA SESSION		0104T	AT REST CARDIO GAS REBREATHE
T2037	THERAPEUTIC CAMPING DAY WAIVER; EACH SESSION		0105T	EXERC CARDIO GAS REBREATHE
T2039	VEHICLE MODIFICATIONS WAIVER; PER SERVICE		0106T	TOUCH QUANT SENSORY TEST
T2040	FINANCIAL MGMT SELF-DIRECTED WAIVER; PER 15 MIN		0107T	VIBRATE QUANT SENSORY TEST
T2041	SUPPORTS BROKERAGE SELF-DIRECTED WAIVER; 15 MIN		0108T	COOL QUANT SENSORY TEST
T2042	HOSPICE ROUTINE HOME CARE; PER DIEM		0109T	HEAT QUANT SENSORY TEST
T2043	HOSPICE CONTINUOUS HOME CARE; PER HOUR		0110T	NOS QUANT SENSORY TEST
T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM		0111T	RBC MEMBRANES FATTY ACIDS
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM		0123T	SCLERAL FISTULIZATION
T2046	HOSPICE LONG TERM CARE RM AND BD ONLY PER DIEM		0124T	CONJUNCTIVAL DRUG PLACEMENT
T2048	BHVAL HEALTH; LONG-TERM CARE RES W/ROOM&BD-DIEM		0126T	CHD RISK IMT STUDY
T2049	NON-EMERG TRNSPRT; STRETCHER VAN MILEAGE; MILE		0130T	CHRON CARE DRUG INVESTIGATN
T4521	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER SM EA		0137T	PROSTATE SATURATION SAMPLING
T4522	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER MED EA		0140T	EXHALED BREATH CONDENSATE PH
T4523	ADLT SIZED DISPBL INCONT PROD BRF/DIAPER LG EA		0141T	PERQ ISLET TRANSPLANT

Medi-Cal Non-covered Codes

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T4524	ADLT SZD DISPBL INCONT PROD BRF/DIAPER X-LG EA		0142T	OPEN ISLET TRANSPLANT
T4525	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON SM EA		0143T	LAPAROSCOPIC ISLET TRANSPLNT
T4526	ADLT SZD DISPBL INCONT PROD UNDWEAR MED EA		0144T	CT HEART WO DYE; QUAL CALC
T4527	ADLT SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA		0145T	CT HEART W/WO DYE FUNCT
T4528	ADLT SZD DISPBL INCONT PROD UNDWEAR XTRA LG EA		0146T	CCTA W/WO DYE
T4529	PED SZD DISPBL INCONT PROD BRF/DIAPER SM/MED EA		0147T	CCTA W/WO, QUAN CALCIUM
T4530	PED SZD DISPBL INCONT PROD BRF/DIAPER LG SZ EA		0148T	CCTA W/WO, STRXR
T4531	PED SZD DISPBL INCONT PROD UNDWEAR SM/MED EA		0149T	CCTA W/WO, STRXR QUAN CALC
T4532	PED SZD DISPBL INCONT PROD UNDWEAR/PULLON LG EA		0150T	CCTA W/WO, DISEASE STRXR
T4533	YOUTH SIZED DISPBL INCONT PRODUCT BRF/DIAPER EA		0151T	CT HEART FUNCT ADD-ON
T4534	YOUTH SZD DISPBL INCONT PROD UNDWEAR/PULLON EA		0155T	LAP IMPL GAST CURVE ELECTRD
T4535	DISPBL LINER/SHIELD/GUARD/PAD/UNDGRMNT INCONT EA		0156T	LAP REMV GAST CURVE ELECTRD
T4536	INCONT PROD PROTVE UNDWEAR/PULLON REUSBL SIZE EA		0157T	OPEN IMPL GAST CURVE ELECTRD
T4537	INCONT PROD PROTVE UNDPAD REUSABLE BED SIZE EA		0158T	OPEN REMV GAST CURVE ELECTRD
T4538	DIAPER SERVICE REUSABLE DIAPER EACH DIAPER		0159T	CAD BREAST MRI
T4539	INCONTINENCE PRODUCT DIAPER/BRF REUSABLE SIZE EA		0160T	TCRANIAL MAGN STIM TX PLAN
T4540	INCONT PROD PROTVE UNDPAD REUSABLE CHAIR SIZE EA		0161T	TCRANIAL MAGN STIM TX DELIV
T4541	INCONTINENCE PRODUCT DISPOSABLE UNDPAD LARGE EA		0162T	ANAL PROGRAM GAST NEUROSTIM
T4542	INCONTINENCE PRODUCT DISPBL UNDPAD SMALL SIZE EA		0163T	LUMB ARTIF DISKECTOMY ADDL
T4543	DISPBL INCONTINENCE PROD BRF/DIAPER BARIATRIC EA		0164T	REMOVE LUMB ARTIF DISC ADDL
T5999	SUPPLY NOT OTHERWISE SPECIFIED		0165T	REVISE LUMB ARTIF DISC ADDL
V2118	ANISEIKONIC LENS SINGLE VISION		0166T	TCATH VSD CLOSE W/O BYPASS
V2199	NOT OTHERWISE CLASSIFIED SINGLE VISION LENS		0167T	TCATH VSD CLOSE W BYPASS
V2218	ANISEIKONIC PER LENS BIFOCAL		0168T	RHINOPHOTOTX LIGHT APP BILAT
V2219	BIFOCAL SEG WIDTH OVER 28MM		0169T	PLACE STEREO CATH BRAIN
V2299	SPECIALTY BIFOCAL		0170T	ANORECTAL FISTULA PLUG RPR
V2315	LENTICULAR PER LENS TRIFOCAL		0171T	LUMBAR SPINE PROCES DISTRACT
V2318	ANISEIKONIC LENS TRIFOCAL		0172T	LUMBAR SPINE PROCESS ADDL
V2319	TRIFOCAL SEG WIDTH OVER 28 MM		0173T	IOP MONIT IO PRESSURE
V2399	SPECIALTY TRIFOCAL		0174T	CAD CXR WITH INTERP
V2499	VARIABLE SPHERICITY LENS OTHER TYPE		0175T	CAD CXR REMOTE
V2502	CONTACT LENS PMMA BIFOCAL PER LENS		0176T	AQU CANAL DILAT W/O RETENT
V2503	CONTACT LENS PMMA COLOR VISION DEFIC PER LENS		0177T	AQU CANAL DILAT W RETENT
V2512	CONTACT LENS GAS PERMEABLE BIFOCAL PER LENS		0178T	64 LEAD ECG W I&R
V2522	CONTACT LENS HYDROPHILIC BIFOCAL PER LENS		0179T	64 LEAD ECG W TRACING
V2530	CONTACT LENS SCLERAL GAS IMPERMEABLE PER LENS		0180T	64 LEAD ECG W I&R ONLY
V2531	CONTACT LENS SCLERAL GAS PERMEABLE PER LENS		0181T	CORNEAL HYSTERESIS
V2600	HAND HELD LOW VISION&OTH NON SPECTACL MOUNT AIDS		0182T	HDR ELECT BRACHYTHERAPY
V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS		0183T	WOUND ULTRASOUND
V2615	TELESCOPIC & OTH COMPOUND LENS SYSTEM		0184T	EXC RECTAL TUMOR ENDOSCOPIC

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
V2623	PROSTHETIC EYE PLASTIC CUSTOM		0185T	COMPTR PROBABILITY ANALYSIS
V2625	ENLARGEMENT OF OCULAR PROSTHESIS		0186T	SUPRACHOROIDAL DRUG DELIVERY
V2626	REDUCTION OF OCULAR PROSTHESIS		0187T	OPHTHALMIC DX IMAGE ANTERIOR
V2627	Scleral cover shell		1935	ANESTH, PERC IMG DX SP PROC
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER		1936	ANESTH, PERC IMG TX SP PROC
V2629	Prosthetic eye other type		1999	UNLISTED ANESTH PROCEDURE
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS		0500F	INITIAL PRENATAL CARE VISIT
V2631	IRIS SUPPORTED INTRAOCULAR LENS		0501F	PRENATAL FLOW SHEET
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS		0502F	SUBSEQUENT PRENATAL CARE
V2700	BALANCE LENS PER LENS		0503F	POSTPARTUM CARE VISIT
V2702	DELUXE LENS FEATURE		0505F	HEMODIALYSIS PLAN DOC'D
V2730	SPECIAL BASE CURVE GLASS OR PLASTIC PER LENS		0507F	PERITON DIALYSIS PLAN DOC'D
V2756	EYE GLASS CASE		0509F	URINE INCON PLAN DOC'D
V2761	MIRROR COAT TYPE SOLID GRADENT/= LENS MATL-LENS		0513F	ELEV BP PLAN OF CARE DOC'D
V2780	OVERSIZE LENS PER LENS		0514F	CARE PLAN HGB DOC'D ESA PT
V2781	Progressive lens per lens		0516F	ANEMIA PLAN OF CARE DOC'D
V2782	LENS INDX 1.54-1.65 PLSTC/1.60-1.79 GLASS LENS		0517F	GLAUCOMA PLAN OF CARE DOC'D
V2783	LENS INDX >/= 1.66 PLSTC/>/= 1.80 GLASS LENS		0518F	FALL PLAN OF CARE DOC'D
V2785	PROCESSING PRES&TRANSPORTING CORNEAL TISSUE		0519F	PLAN'D CHEMO DOC'D B/4 TXMNT
V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS PER LENS		0520F	TISSUE DOSE DONE W/IN 5 DAYS
V2787	ASTIGMATISM-CORRECT FUNCTION		0521F	PLAN OF CARE 4 PAIN DOC'D
V2788	PRESBYOPIA CORRECTION FUNCTION INTRAOCULAR LENS		0525F	INITIAL VISIT FOR EPISODE
V2790	AMNIOTIC MEMBRANE SURGICAL RECONSTRUCT PER PROC		0526F	SUBS. VISIT FOR EPISODE
V2799	VISION SERVICE MISCELLANEOUS		1000F	TOBACCO USE ASSESSED
V5020	Conformity evaluation		1002F	ASSESS ANGINAL SYMPTOM/LEVEL
V5030	HEARING AID MONAURAL BODY WORN AIR CONDUCTION		1003F	LEVEL OF ACTIVITY ASSESS
V5040	HEARING AID MONAURAL BODY WORN BONE CONDUCTION		1004F	CLIN SYMP VOL OVRLD ASSESS
V5050	HEARING AID MONAURAL IN THE EAR		1005F	ASTHMA SYMPTOMS EVALUATE
V5060	HEARING AID MONAURAL BEHIND THE EAR		1006F	OSTEOARTHRITIS ASSESS
V5070	Glasses air conduction		1007F	ANTI-INFLM/ANLGSC OTC ASSESS
V5080	Glasses bone conduction		1008F	GI/RENAL RISK ASSESS
V5090	DISPENSING FEE UNSPECIFIED HEARING AID		1015F	COPD SYMPTOMS ASSESS
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS		1018F	ASSESS DYSPNEA NOT PRESENT
V5100	HEARING AID BILATERAL BODY WORN		1019F	ASSESS DYSPNEA PRESENT
V5110	DISPENSING FEE BILATERAL		1022F	PNEUMO IMM STATUS ASSESS
V5120	BINAURAL BODY		1026F	CO-MORBID CONDITION ASSESS
V5130	BINAURAL IN THE EAR		1030F	INFLUENZA IMM STATUS ASSESS
V5140	BINAURAL BEHIND THE EAR		1034F	CURRENT TOBACCO SMOKER
V5150	BINAURAL GLASSES		1035F	SMOKELESS TOBACCO USER
V5160	Dispensing fee binaural		1036F	TOBACCO NON-USER

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
V5170	HEARING AID CROS IN THE EAR		1038F	PERSISTENT ASTHMA
V5180	HEARING AID CROS BEHIND THE EAR		1039F	INTERMITTENT ASTHMA
V5190	HEARING AID CROS GLASSES		1040F	DSM-IVG INFO MDD DOC'D
V5200	DISPENSING FEE CROS		1050F	HISTORY OF MOLE CHANGES
V5210	HEARING AID BICROS IN THE EAR		1055F	VISUAL FUNCT STATUS ASSESS
V5220	HEARING AID BICROS BEHIND THE EAR		1060F	DOC PERM/CONT/PAROX ATR FIB
V5230	HEARING AID BICROS GLASSES		1061F	DOC LACK PERM+CONT+PAROX FIB
V5240	Dispensing fee bicros		1065F	ISCHM STROKE SYMP LT3 HRSB/4
V5241	DISPENSING FEE MONAURAL HEARING AID ANY TYPE		1066F	ISCHM STROKE SYMP GE3 HRSB/4
V5242	HEARING AID ANALOG MONAURAL CIC		1070F	ALARM SYMP ASSESSED-ABSENT
V5243	HEARING AID ANALOG MONAURAL ITC		1071F	ALARM SYMP ASSESSED-1+ PRSNT
V5244	HEARING AID DIGTLLY PROG ANALOG MONAURAL CIC		1080F	DECIS MKR/ADVNCD PLAN DOC'D
V5245	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITC		1090F	PRES/ABSN URINE INCON ASSESS
V5246	HEARING AID DIGTLLY PROG ANALOG MONAURAL ITE		1091F	URINE INCON CHARACTERIZED
V5247	HEARING AID DIGTLLY PROG ANALOG MONAURAL BTE		1100F	PTFALLS ASSESS-DOC'D GE2+/YR
V5248	HEARING AID ANALOG BINAURAL CIC		1101F	PT FALLS ASSESS-DOC'D LE1/YR
V5249	HEARING AID ANALOG BINAURAL ITC		1110F	PT LFT INPT FAC W/IN 60 DAYS
V5250	HEARING AID DIGTLLY PROG ANALOG BINAURAL CIC		1111F	DSCHRG MED/CURRENT MED MERGE
V5251	HEARING AID DIGTLLY PROG ANALOG BINAURAL ITC		1116F	AURIC/PERI PAIN ASSESSED
V5252	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL ITE		1118F	GERD SYMPS ASSESSED 12 MONTH
V5253	HEARING AID DIGITALLY PROGRAMMABLE BINAURAL BTE		1119F	INIT. EVAL FOR CONDITION
V5254	HEARING AID DIGITAL MONAURAL CIC		1121F	SUBS. EVAL FOR CONDITION
V5255	HEARING AID DIGITAL MONAURAL ITC		1123F	ACP DISCUSS/DSCN MKR DOC'D
V5256	HEARING AID DIGITAL MONAURAL ITE		1124F	ACP DISCUSS-NO DSCNMKR DOC'D
V5257	HEARING AID DIGITAL MONAURAL BTE		1125F	AMNT PAIN NOTED; PAIN PRSNT
V5258	HEARING AID DIGITAL BINAURAL CIC		1126F	AMNT PAIN NOTED; NONE PRSNT
V5259	HEARING AID DIGITAL BINAURAL ITC		1127F	NEW EPISODE FOR CONDITION
V5260	HEARING AID DIGITAL BINAURAL ITE		1128F	SUBS. EPISODE FOR CONDITION
V5261	HEARING AID DIGITAL BINAURAL BTE		1130F	BK PAIN + FXN ASSESSED
V5262	HEARING AID DISPOSABLE ANY TYPE MONAURAL		1134F	EPSD BK PAIN FOR =< 6 WKS
V5263	HEARING AID DISPOSABLE ANY TYPE BINAURAL		1135F	EPSD BK PAIN FOR > 6 WKS
V5265	EAR MOLD/INSERT DISPOSABLE ANY TYPE		1136F	EPSD BK PAIN FOR <= 12 WKS
V5266	BATTERY FOR USE IN HEARING DEVICE		1137F	EPSD BK PAIN FOR > 12 WKS
V5267	HEARING AID SUPPLIES/ACCESSORIES		11719	TRIM NAIL(S)
V5268	ASSTIVE LISTENING DEVICE TEL AMPLIFIER ANY TYPE		11920	CORRECT SKIN COLOR DEFECTS
V5269	ASSISTIVE LISTENING DEVICE ALERTING ANY TYPE		11921	CORRECT SKIN COLOR DEFECTS
V5270	ASSTIVE LISTENING DEVICE TELEVISN AMPLIFIER TYPE		11922	CORRECT SKIN COLOR DEFECTS
V5271	ASSTIVE LISTENING DEVC TELEVISN CAPTION DECODER		11950	THERAPY FOR CONTOUR DEFECTS
V5272	ASSISTIVE LISTENING DEVICE TDD		11951	THERAPY FOR CONTOUR DEFECTS
V5273	ASSTIVE LISTENING DEVICE USE W/COCHLEAR IMPLANT		11952	THERAPY FOR CONTOUR DEFECTS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
V5274	ASSISTIVE LEARNING DEVICE NOS		11954	THERAPY FOR CONTOUR DEFECTS
V5275	EAR IMPRESSION EACH		12037	LAYER CLOSURE OF WOUND(S)
V5298	HEARING AID NOT OTHERWISE CLASSIFIED		15350	Application of allograft, skin
V5299	HEARING SERVICE MISCELLANEOUS		15431	APPLY ACELLULAR XGRAFT ADD
V5336	REPAIR/MOD AUGMENTATIV COMMUNICAT SYSTEM/DEVICE		15775	HAIR TRANSPLANT PUNCH GRAFTS
V5362	SPEECH SCREENING		15776	HAIR TRANSPLANT PUNCH GRAFTS
V5363	LANGUAGE SCREENING		15819	PLASTIC SURGERY, NECK
V5364	DYSPHAGIA SCREENING		15824	REMOVAL OF FOREHEAD WRINKLES
X0020	COST OF IV FLUIDS		15825	REMOVAL OF NECK WRINKLES
X0022	ECG IN AMBULANCE		15826	REMOVAL OF BROW WRINKLES
X0222	AMB | UNLISTED		15828	REMOVAL OF FACE WRINKLES
X0416	UNLISTED AC/LTC TRANS ONLY		15829	REMOVAL OF SKIN WRINKLES
X0508	FEDERAL EXCISE TAX		15830	EXC SKIN ABD
X0522	UNLISTED, AIR TRANSPORTATION		15832	EXCISE EXCESSIVE SKIN TISSUE
X1504	I/A KIT		15833	EXCISE EXCESSIVE SKIN TISSUE
X2100	CHIR HME VISIT BET 1		15834	EXCISE EXCESSIVE SKIN TISSUE
X3936	PHY THER UNLISTED		15835	EXCISE EXCESSIVE SKIN TISSUE
X4118	OCC THER | UNLISTED		15836	EXCISE EXCESSIVE SKIN TISSUE
X4312	SGD-RECIPIENT ASSESSMENT		15837	EXCISE EXCESSIVE SKIN TISSUE
X5818	MEPIVACAINE HCL-2%(CARBOCAINE)		15838	EXCISE EXCESSIVE SKIN TISSUE
X5820	MEPIVACAINE HCL-1.5%(CARBOCAINE)		15839	EXCISE EXCESSIVE SKIN TISSUE
X5822	MEPIVACAINE HCL-1%(CARBOCAINE		15847	EXC SKIN ABD ADD-ON
X5824	MEPIVACAINE HCL-3%(CARBOCAINE HCL		15850	REMOVAL OF SUTURES
X5842	CEFAMANDOLE NAFATE-2G/100ML VIAL(MANDOL)		15852	DRESSING CHANGE NOT FOR BURN
X5894	CEPHALOTIN SODIUM-2G/20ML VIAL(KEFLIN)		15876	SUCTION ASSISTED LIPECTOMY
X5896	CEPHALOTHIN SODIUM-1G/100ML VIAL(KEFLIN)		15877	SUCTION ASSISTED LIPECTOMY
X5904	CEPHRADINE-2G/100ML-INFUSION CONTAINERS		15878	SUCTION ASSISTED LIPECTOMY
X5924	CHLOROPROCAINE HCL-3%(NESACAINE-CE)		15879	SUCTION ASSISTED LIPECTOMY
X5926	CHLOROPROCAINE HCL-2%(NESACAINE		17380	HAIR REMOVAL BY ELECTROLYSIS
X5928	CHLOROPROCAINE HCL-1%(NESACAINE)		19105	CRYOSURG ABLATE FA, EACH
X5942	PRICOCAINE HCL-4% 1:200,000EPINEPHINE		19355	CORRECT INVERTED NIPPLE(S)
X5944	PRICOCAINE HCL-4%(CITANEST HCL)		2000F	BLOOD PRESSURE MEASURE
X6116	DOXYCYCLINE-200MG(AS HYCLATE)/VIAL		2001F	WEIGHT RECORDED
X6122	DOXYCYCLINE-100MG(AS HYCLATE)VIAL		2002F	CLIN SIGN VOL OVRLD ASSESS
X6138	ETIDOCAINE HCL-1.5%(DURANEST)		2004F	INITIAL EXAM INVOLVED JOINTS
X6140	ETIDOCAINE HCL-1%(DURANEST)		2010F	VITAL SIGNS RECORDED
X6174	ERYTHROMYCIN I.V.-1GM		2014F	MENTAL STATUS ASSESS
X6178	ERYTHROMYCIN I.V.-500MG		2018F	HYDRATION STATUS ASSESS
X6444	LIDOCAINE HCL-2% 1:100,000EPINEPHRINE		2019F	DILATED MACUL EXAM DONE
X6466	LIDOCAINE HCL-5% 7.5%GLUCOSE(XYLOCAINE		2020F	DILATED FUNDUS EVAL DONE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
X6474	LIDOCAINE HCL-2% 1:200,000EPINEPHRINE		2021F	DILAT MACUL+ EXAM DONE
X6476	LIDOCAINE HCL-2% 1:50000EPINEPHRINE		2022F	DIL RETINA EXAM INTERP REV
X6478	LIDOCAINE HCL-1.5%(XYLOCAINE HCL)		2024F	7 FIELD PHOTO INTERP DOC REV
X6480	LIDOCAINE HCL-1.5% 7.5%DEXTROSE XYLOCAIN		2026F	EYE IMAGE VALID TO DX REV
X6482	LIDOCAINE HCL-1.5% 1:200,000EPINEPHRINE		2027F	OPTIC NERVE HEAD EVAL DONE
X6486	LIDOCAINE HCL-1% 1:200,000EPINEPHRINE		2028F	FOOT EXAM PERFORMED
X6488	LIDOCAINE HCL-1% 1:100,000EPINEPHRINE		2029F	COMPLETE PHYS SKIN EXAM DONE
X6490	LIDOCAINE HCL-0.5%(XYLOCAINE HCL)		2030F	H2O STAT DOC'D, NORMAL
X6492	LIDOCAINE HCL-0.5% 1:200,000 EPINEPHRINE		2031F	H2O STAT DOC'D, DEHYDRATED
X6728	THIOPENTAL SOD-10G(PENTOTHAL)		2035F	TYMP MEMB MOTION EXAM'D
X6778	TETRACAINE HCL-1%(PONTOCAINE)		2040F	BK PN XM ON INIT VISIT DATE
X6780	TETRACAINE HCL-0.3% 6%DEXTROSE(PONTOCAIN		2044F	DOC MNTL TST B/4 BK TRXMNT
X6782	TETRACAINE HCL-0.2% 6%DEXTROSE(PONTOCAIN		20555	PLACE NDL MUSC/TIS FOR RT
X7710	HYMEN VENOM ANT, ONE VIAL OF UNDIL ANTIG		20950	FLUID PRESSURE, MUSCLE
X7728	ETHINYL ESTRADIOL/NORELGE		20985	CPTR-ASST DIR MS PX
X9550	PSY | UNLISTED		20986	CPTR-ASST DIR MS PX IO IMG
Z0306	POLYSOMNOGRAPHY,ANALYSIS,INTERP, REPORT		20987	CPTR-ASST DIR MS PX PRE IMG
Z1208	MINILAPAROTOMY FOR FEMALE STERILIZATION		21073	MNPJ OF TMJ W/ANESTH
Z1210	TRANS/FALL TU UNI/BIL W/MINI-LAP POSTPAR		21076	PREPARE FACE/ORAL PROSTHESIS
Z5200	BLOOD BANK TRANSFUSION FACILITY SERVICE		21077	PREPARE FACE/ORAL PROSTHESIS
Z5204	BLOOD DERIV OTHER THAN FACTOR VIIIANDIX		21079	PREPARE FACE/ORAL PROSTHESIS
Z5206	FRESH FROZEN PLASMA (FFP)		21080	PREPARE FACE/ORAL PROSTHESIS
Z5230	RECOMBINANT FACTOR V11A 1200UG		21081	PREPARE FACE/ORAL PROSTHESIS
Z5414	TRAVEL EXPENSES		21082	PREPARE FACE/ORAL PROSTHESIS
Z5416	TECHNICIAN SERVICES		21083	PREPARE FACE/ORAL PROSTHESIS
Z5418	DENTAL SERVICES		21084	PREPARE FACE/ORAL PROSTHESIS
Z5499	UNLISTED SERVICE & PROCEDURES		21085	PREPARE FACE/ORAL PROSTHESIS
Z5802	EPSDT SERVICES-DIETITIAN		21086	PREPARE FACE/ORAL PROSTHESIS
Z5814	EPSDT SVS-MARRIAGE/FAMILY/CHILD COUNSEL		21087	PREPARE FACE/ORAL PROSTHESIS
Z5816	EPSDT SERVICES-SOCIAL WORKER		21088	PREPARE FACE/ORAL PROSTHESIS
Z5820	EPSDT SERVICES CASE MANAGEMENT		21089	PREPARE FACE/ORAL PROSTHESIS
Z5822	EPSDT SERVICES HEARING AID BATTERIES		21125	AUGMENTATION, LOWER JAW BONE
Z5946	EPSDT SUPPLEMENTAL SERVICE-HEARING AID		21742	REPAIR STERN/NUSS W/O SCOPE
Z5999	EPSDT SERVICES-UNLISTED/SUPPLEMENTAL SVS		21743	REPAIR STERNUM/NUSS W/SCOPE
Z6016	CTR OR HOSP DIALYSIS INCL PROF CHG A LAB		22207	CUT SPINE 3 COL, LUMB
Z6018	CTR OR HOSP DIALYSIS INCL PROF CHG-XCL L		22208	CUT SPINE 3 COL, ADDL SEG
Z6020	CTR OR HOSP DIALYSIS XCL PROF CHG-INCL.L		22526	IDET, SINGLE LEVEL
Z6022	CTR OR HOSP DIALYSIS-XCL PROF CHG AND LA		22527	IDET, 1 OR MORE LEVELS
Z6024	BLOOD AND BLOOD DERIVATIVES		22841	INSERT SPINE FIXATION DEVICE
Z6026	X-RAY		22899	SPINE SURGERY PROCEDURE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
Z6028	LIMITED CARE		22999	ABDOMEN SURGERY PROCEDURE
Z6032	INSTALLATION CHARGES FOR HOME DIALYSIS		23222	PARTIAL REMOVAL OF HUMERUS
Z6034	REPAIR AND SERVICE FOR HOME DIALYSIS		23472	RECONSTRUCT SHOULDER JOINT
Z6036	ALL DIALYSIS HOME CARE INCL.PROF A LAB S		23929	SHOULDER SURGERY PROCEDURE
Z6038	ALL DIALYSIS W TRAIN.HOME CARE INCL PROF		24077	REMOVE TUMOR OF ARM/ELBOW
Z6040	ALL DIALYSIS W TRAIN HOME CARE-XCL PROF		24357	REPAIR ELBOW, PERC
Z6042	ALL DIALYSIS W TRAIN HOME CARE XCL PROF		24358	REPAIR ELBOW W/DEB, OPEN
Z6704	SKILLED NURSING - LVN, 1 HR		24359	REPAIR ELBOW DEB/ATTCH OPEN
Z6718	NF-SKILLED NURSING SVC-LVN-HOURLY		24362	RECONSTRUCT ELBOW JOINT
Z6730	MODEL-SKILLED NURSING SERVICES-RN HOURLY		24363	REPLACE ELBOW JOINT
Z6734	MODEL HOME HEALTH AIDE SERVICES-HRLY		24660	REPAIR RADIUS FRACTURE
Z6746	NF-SHARED NURSING SERVICES-LVN HOURLY		24940	REVISION OF UPPER ARM
Z6748	NF SHARED NURSING-SERVICES-HOME HEALTH A		24999	UPPER ARM/ELBOW SURGERY
Z6754	NF-UTILITY COVERAGE		25999	FOREARM OR WRIST SURGERY
Z6764	NF-AUDIOLOGY SERVICES-ONE HOUR		26587	RECONSTRUCT EXTRA FINGER
Z6774	NF-FAMILY THERAPY SERVICES 1 1/2 HR		26591	REPAIR MUSCLES OF HAND
Z6782	MODEL-PERSONAL EMERGENCY RESP SYS (PERS)		26596	EXCISION CONSTRICTING TISSUE
Z6790	MODEL-OCCUP THRPY SERVICES-INITIAL		26989	HAND/FINGER SURGERY
Z6792	MODL-OCCUP THRPY SVCS SUB EA AD 15 MIN		27132	TOTAL HIP ARTHROPLASTY
Z6794	MODEL-SPEECH THRPY SVCS -ONE HOUR		27138	REVISE HIP JOINT REPLACEMENT
Z6798	MODEL-AUDIOLOGY SVCS-1 HR		27158	REVISION OF PELVIS
Z6800	MODEL-AUDIOLOGY SVCS-1/2 HR		27230	TREAT THIGH FRACTURE
Z6918	UNLISTED SERVICES		27267	CLTX THIGH FX
Z7100	Routine Care-Daily		27268	CLTX THIGH FX W/MNPJ
Z7102	Continuous Care- Hourly		27269	OPTX THIGH FX
Z7104	Inpatient Respite Care-Daily		27299	PELVIS/HIP JOINT SURGERY
Z7106	General Inpatient Care- Daily		27416	OSTEOCHONDRAL KNEE AUTOGRAFT
Z7110	SNF - Hospice		27427	RECONSTRUCTION, KNEE
Z7112	ICF Hospice		27446	REVISION OF KNEE JOINT
Z7304	HEART PROCUREMENT COSTS		27486	REVISE/REPLACE KNEE JOINT
Z7306	LIVER PROCUREMENT COSTS		27495	REINFORCE THIGH
Z7308	KIDNEY PROCUREMENT COSTS		27599	LEG SURGERY PROCEDURE
Z7310	FIXED WING AIR TRANS/PROF TEAM HARVEST		27725	REPAIR OF LOWER LEG
Z7312	PROCUREMENT COST OF HEART-LUNG SET		27726	REPAIR FIBULA NONUNION
Z7314	PROCUREMENT COST OF SINGLE LUNG		27767	CLTX POST ANKLE FX
Z7316	PROCUREMENT COST OF DOUBLE LUNG		27768	CLTX POST ANKLE FX W/MNPJ
Z7320	PROCUREMENT OF SMALL BOWEL		27769	OPTX POST ANKLE FX
Z7322	PROCUREMENT COMBINED LIVER-SMALL BOWEL		27899	LEG/ANKLE SURGERY PROCEDURE
Z7612	UNLISTED SEVICES		28045	EXCISION OF FOOT LESION
Z9750	Sofp Family Planning Grp Ed		28446	OSTEOCHONDRAL TALUS AUTOGRFT

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
			28899	FOOT/TOES SURGERY PROCEDURE
89320	SEMEN ANAL VOL/COUNT/MOT		29799	CASTING/STRAPPING PROCEDURE
89321	SEMEN ANAL, SPERM DETECTION		29800	JAW ARTHROSCOPY/SURGERY
89322	SEMEN ANAL, STRICT CRITERIA		29804	JAW ARTHROSCOPY/SURGERY
89325	SPERM ANTIBODY TEST		29820	SHOULDER ARTHROSCOPY/SURGERY
89329	SPERM EVALUATION TEST		29821	SHOULDER ARTHROSCOPY/SURGERY
89330	EVALUATION, CERVICAL MUCUS		29822	SHOULDER ARTHROSCOPY/SURGERY
89331	RETROGRADE EJACULATION ANAL		29823	SHOULDER ARTHROSCOPY/SURGERY
89335	CRYOPRESERVE TESTICULAR TISS		29825	SHOULDER ARTHROSCOPY/SURGERY
89342	STORAGE/YEAR; EMBRYO(S)		29828	ARTHROSCOPY BICEPS TENODESIS
89343	STORAGE/YEAR; SPERM/SEMEN		29835	ELBOW ARTHROSCOPY/SURGERY
89344	STORAGE/YEAR; REPROD TISSUE		29836	ELBOW ARTHROSCOPY/SURGERY
89346	STORAGE/YEAR; OOCYTE(S)		29837	ELBOW ARTHROSCOPY/SURGERY
89352	THAWING CRYOPRESRVED; EMBRYO		29838	ELBOW ARTHROSCOPY/SURGERY
89353	THAWING CRYOPRESRVED; SPERM		29895	ANKLE ARTHROSCOPY/SURGERY
89354	THAW CRYOPRSVRD; REPROD TISS		29897	ANKLE ARTHROSCOPY/SURGERY
89356	THAWING CRYOPRESRVED; OOCYTE		29898	ANKLE ARTHROSCOPY/SURGERY
90284	HUMAN IG, SC		29899	ANKLE ARTHROSCOPY/SURGERY
90287	BOTULINUM ANTITOXIN		29900	MCP JOINT ARTHROSCOPY, DX
90288	BOTULISM IG, IV		29904	SUBTALAR ARTHRO W/FB RMVL
90291	CMV IG, IV		29905	SUBTALAR ARTHRO W/EXC
90296	DIPHTHERIA ANTITOXIN		29906	SUBTALAR ARTHRO W/DEB
90375	RABIES IG, IM/SC		29907	SUBTALAR ARTHRO W/FUSION
90376	RABIES IG, HEAT TREATED		29999	ARTHROSCOPY OF JOINT
90393	VACCINA IG, IM		3006F	CXR DOC REV
90396	VARICELLA-ZOSTER IG, IM		3011F	LIPID PANEL DOC REV
90399	IMMUNE GLOBULIN		3014F	SCREEN MAMMO DOC REV
90465	IMMUNE ADMIN 1 INJ, < 8 YRS		3017F	COLORECTAL CA SCREEN DOC REV
90466	IMMUNE ADMIN ADDL INJ, < 8 Y		3020F	LVF ASSESS
90467	IMMUNE ADMIN O OR N, < 8 YRS		3021F	LVEF MOD/SEVER DEPRS SYST
90468	IMMUNE ADMIN O/N, ADDL < 8 Y		3022F	LVEF >=40% SYSTOLIC
90472	IMMUNIZATION ADMIN, EACH ADD		3023F	SPIROM DOC REV
90473	IMMUNE ADMIN ORAL/NASAL		3025F	SPIROM FEV/FVC<70% W COPD
90474	IMMUNE ADMIN ORAL/NASAL ADDL		3027F	SPIROM FEV/FVC>=70%/W/O COPD
90476	ADENOVIRUS VACCINE, TYPE 4		3028F	O2 SATURATION DOC REV
90477	ADENOVIRUS VACCINE, TYPE 7		3035F	O2 SATURATION<=88% /PAO<=55
90581	ANTHRAX VACCINE, SC		3037F	O2 SATURATION >88% /PAO>55
90634	HEP A VACC, PED/ADOL, 3 DOSE		3040F	FEV<40% PREDICTED VALUE
90661	FLU VACC CELL CULT PRSV FREE		3042F	FEV>= 40% PREDICTED VALUE
90662	FLU VACC PRSV FREE INC ANTIG		3044F	HG A1C LEVEL LT 7.0%

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
90663	FLU VACC PANDEMIC		3045F	HG A1C LEVEL 7.0-9.0%
90675	RABIES VACCINE, IM		3046F	Hemoglobin A1c level > 9.0%
90676	RABIES VACCINE, ID		3048F	LDL-C <100 mg/dL
90681	ROTAVIRUS VACC 2 DOSE ORAL		3049F	LDL-C 100-129 mg/dL
90696	DTAP-IPV VACC 4-6 YR IM		3050F	LDL-C >= 130 MG/DL
90698	DTAP-HIB-IP VACCINE, IM		3060F	POS MICROALBUMINURIA REV
90735	ENCEPHALITIS VACCINE, SC		3061F	NEG MICROALBUMINURIA REV
90749	VACCINE TOXOID		3062F	POS MACROALBUMINURIA REV
90769	SC THER INFUSION, UP TO 1 HR		3066F	NEPHROPATHY DOC TX
90770	SC THER INFUSION, ADDL HR		3072F	LOW RISK FOR RETINOPATHY
90771	SC THER INFUSION, RESET PUMP		3073F	PRE-SURG EYE MEASURES DOC'D
90772	THER/PROPH/DIAG INJ, SC/IM		3074F	SYST BP LT 130 MM HG
90776	TX/PRO/DX INJ SAME DRUG ADON		3075F	SYST BP GE 130 - 139MM HG
90845	Psychoanalysis		3077F	SYST BP >= 140 MM HG6 IT
90846	FAMILY PSYTX W/O PATIENT		3078F	Diast bp < 80 mm hg
90847	FAMILY PSYTX W/PATIENT		3079F	Diast bp 80-89 mm hg
90849	MULTIPLE FAMILY GROUP PSYTX		3080F	DIAST BP >= 90 MM HG
90857	INTAC GROUP PSYTX		3082F	KT/V LT 1.2
90865	NARCOSYNTHESIS		3083F	KT/V GE 1.2 AND <1.7
90875	PSYCHOPHYSIOLOGICAL THERAPY		3084F	KT/V GE 1.7
90876	PSYCHOPHYSIOLOGICAL THERAPY		3085F	SUICIDE RISK ASSESSED
90882	ENVIRONMENTAL MANIPULATION		3088F	MDD, MILD
90885	PSY EVALUATION OF RECORDS		3089F	MDD, MODERATE
90887	CONSULTATION WITH FAMILY		3090F	MDD, SEVERE; W/O PSYCH
90889	PREPARATION OF REPORT		3091F	MDD, SEVERE; W/ PSYCH
90899	PSYCHIATRIC SERVICE/THERAPY		3092F	MDD, IN REMISSION
90901	BIOFEEDBACK TRAIN, ANY METH		3093F	DOC NEW DIAG 1ST/ADDL MDD
90911	BIOFEEDBACK PERI/URO/RECTAL		3095F	CENTRAL DEXA RESULTS DOC'D
90999	DIALYSIS PROCEDURE		3096F	CENTRAL DEXA ORDERED
91111	ESOPHAGEAL CAPSULE ENDOSCOPY		30999	NASAL SURGERY PROCEDURE
91120	RECTAL SENSATION TEST		3100F	IMAGE TEST REF CAROT DIAM
91123	IRRIGATE FECAL IMPACTION		3110F	PRES/ABSN HMRHG/LESION DOC'D
91299	GASTROENTEROLOGY PROCEDURE		3111F	CT/MRI BRAIN DONE W/IN 24HRS
92065	ORTHOPTIC/PLEOPTIC TRAINING		3112F	CT/MRI BRAIN DONE GT 24 HRS
92285	EYE PHOTOGRAPHY		3120F	12-LEAD ECG PERFORMED
92286	INTERNAL EYE PHOTOGRAPHY		31299	SINUS SURGERY PROCEDURE
92287	INTERNAL EYE PHOTOGRAPHY		3130F	UPPER GI ENDOSCOPY PERFORMED
92326	Replacement of contact lens		3132F	DOC REF UPPER GI ENDOSCOPY
92340	FITTING OF SPECTACLES		3140F	UPPER GI ENDO SHOWS BARRTT'S
92341	FITTING OF SPECTACLES		3141F	UPPER GI ENDO NOT BARRTT'S

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
92342	FITTING OF SPECTACLES		3142F	BARIUM SWALLOW TEST ORDERED
92352	SPECIAL SPECTACLES FITTING		3150F	FORCEPS ESOPH BIOPSY DONE
92353	SPECIAL SPECTACLES FITTING		3155F	CYTOGEN TEST MARROW B/4 TX
92354	SPECIAL SPECTACLES FITTING		31576	LARYNGOSCOPY WITH BIOPSY
92355	SPECIAL SPECTACLES FITTING		31578	REMOVAL OF LARYNX LESION
92358	EYE PROSTHESIS SERVICE		31599	LARYNX SURGERY PROCEDURE
92370	REPAIR & ADJUST SPECTACLES		3160F	DOC FE+ STORES B/4 EPO THX
92371	REPAIR & ADJUST SPECTACLES		3170F	FLOW CYTO DONE B/4 TX
92531	SPONTANEOUS NYSTAGMUS STUDY		31899	AIRWAYS SURGICAL PROCEDURE
92532	POSITIONAL NYSTAGMUS TEST		3200F	BARIUM SWALLOW TEST NOT REQ
92534	OPTOKINETIC NYSTAGMUS TEST		3210F	GRP A STREP TEST PERFORMED
92548	POSTUROGRAPHY		3215F	PT IMMUNITY TO HEP A DOC'D
92567	Tympanometry		3216F	PT IMMUNITY TO HEP B DOC'D
92583	Select picture audiometry		3218F	RNA TSTNG HEP C DOC'D-DONE
92584	Electrocochleography		3219F	HEPATITIS C GENOTYPE TESTING
92592	HEARING AID CHECK, ONE EAR		3220F	HEP C QUANT RNA TSTNG DOC'D
92593	HEARING AID CHECK, BOTH EARS		3230F	NOTE HRING TST W/IN 6 MON
92596	EAR PROTECTOR EVALUATION		32421	THORACENTESIS FOR ASPIRATION
92640	AUD BRAINSTEM IMPLT PROGRAMG		32422	THORACENTESIS W/TUBE INSERT
92700	ENT PROCEDURE/SERVICE		32491	LUNG VOLUME REDUCTION
92992	REVISION OF HEART CHAMBER		32550	INSERT PLEURAL CATH
92993	REVISION OF HEART CHAMBER		32551	INSERTION OF CHEST TUBE
92997	PUL ART BALLOON REPR, PERCUT		32560	TREAT LUNG LINING CHEMICALLY
92998	PUL ART BALLOON REPR, PERCUT		3260F	PT CAT/PN CAT/HIST GRD DOC'D
93271	ECG/MONITORING AND ANALYSIS		3265F	RNA TSTNG HEPC VIR ORD/DOC'D
93278	ECG/SIGNAL-AVERAGED		3266F	HEPC GN TSTNG DOC'D B/4TXMNT
93313	ECHO TRANSESOPHAGEAL		3268F	PSA/T/GLSC DOC'D B/4 TXMNT
93314	ECHO TRANSESOPHAGEAL		3269F	BONE SCN B/4 TXMNT/AFTR DX
93316	ECHO TRANSESOPHAGEAL		3270F	NO BONE SCN B/4 TXMNT/AFTRDX
93317	ECHO TRANSESOPHAGEAL		3271F	LOW RISK, PROSTATE CANCER
93623	STIMULATION, PACING HEART		3272F	MED. RISK, PROSTATE CANCER
93660	TILT TABLE EVALUATION		3273F	HIGH RISK, PROSTATE CANCER
93668	PERIPHERAL VASCULAR REHAB		3274F	PROST CNCR RSK NOT LW/MD/HGH
93701	BIOIMPEDANCE, THORACIC		3278F	SERUM LVLS CA/IPTH/LPD ORD
93720	TOTAL BODY PLETHYSMOGRAPHY		3279F	HGB LVL >/= 13 G/DL
93721	PLETHYSMOGRAPHY TRACING		3280F	HGB LVL 11-12.9 G/DL
93722	PLETHYSMOGRAPHY REPORT		3281F	HGB LVL < 11 G/DL
93740	Temperature gradient studies		3284F	IOP DOWN >15% OF PRE-SVC LVL
93760	CEPHALIC THERMOGRAM		32850	DONOR PNEUMONECTOMY
93762	PERIPHERAL THERMOGRAM		32855	PREPARE DONOR LUNG, SINGLE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
93770	MEASURE VENOUS PRESSURE		32856	PREPARE DONOR LUNG, DOUBLE
93784	AMBULATORY BP MONITORING		3285F	IOP DOWN <15% OF PRE-SVC LVL
93786	AMBULATORY BP RECORDING		3288F	FALL RISK ASSESSMENT DOC'D
93788	AMBULATORY BP ANALYSIS		3290F	PT=D(RH)- AND UNSENSITIZED
93790	REVIEW/REPORT BP RECORDING		3291F	PT=D(RH)+ OR SENSITIZED
93797	CARDIAC REHAB		3292F	HIV TSTNG ASKED/DOC'D/REVW'D
93798	CARDIAC REHAB/MONITOR		32997	TOTAL LUNG LAVAGE
93799	CARDIOVASCULAR PROCEDURE		32999	CHEST SURGERY PROCEDURE
93982	ANEURYSM PRESSURE SENS STUDY		3300F	AJCC STAGE DOC'D B/4 THXPY
94004	VENT MGMT NF PER DAY		3301F	CANCER STAGE DOC'D, METAST
94005	HOME VENT MGMT SUPERVISION		3302F	AJCC STAGE 0 DOC'D
94070	EVALUATION OF WHEEZING		3303F	AJCC STAGE IA DOC'D
94370	BREATH AIRWAY CLOSING VOLUME		3304F	AJCC STAGE IB DOC'D
94452	HAST W/REPORT		3305F	AJCC STAGE IC DOC'D
94453	HAST W/OXYGEN TITRATE		3306F	AJCC STAGE IIA DOC'D
94610	SURFACTANT ADMIN THRU TUBE		3307F	AJCC STAGE IIB DOC'D
94761	MEASURE BLOOD OXYGEN LEVEL		3308F	AJCC STAGE IIC DOC'D
94762	MEASURE BLOOD OXYGEN LEVEL		3309F	AJCC STAGE IIIA DOC'D
94774	PED HOME APNEA REC, COMPL		3310F	AJCC STAGE IIIB DOC'D
94775	PED HOME APNEA REC, HK-UP		3311F	AJCC STAGE IIIC DOC'D
94776	PED HOME APNEA REC, DOWNLD		3312F	AJCC STAGE IVA DOC'D
94777	PED HOME APNEA REC, REPORT		3313F	AJCC STAGE IVB DOC'D
94799	PULMONARY SERVICE/PROCEDURE		33140	HEART REVASCULARIZE (TMR)
95012	EXHALED NITRIC OXIDE MEAS		33141	HEART TMR W/OTHER PROCEDURE
95117	IMMUNOTHERAPY INJECTIONS		3314F	AJCC STAGE IVC DOC'D
95120	IMMUNOTHERAPY, ONE INJECTION		3315F	ER+ OR PR+ BREAST CANCER
95125	IMMUNOTHERAPY, MANY ANTIGENS		3316F	ER- OR PR- BREAST CANCER
95130	IMMUNOTHERAPY, INSECT VENOM		3317F	PATH RPT MALIG CANCER DOC'D
95131	IMMUNOTHERAPY, INSECT VENOMS		3318F	PATH RPT MALIG CANCER DOC'D
95132	IMMUNOTHERAPY, INSECT VENOMS		3319F	X-RAY/CT/ULTRSND ET AL ORD'D
95133	IMMUNOTHERAPY, INSECT VENOMS		3320F	NO XRAY/CT/ ET AL ORD'D
95134	IMMUNOTHERAPY, INSECT VENOMS		33257	ABLATE ATRIA, LMTD, ADD-ON
95144	ANTIGEN THERAPY SERVICES		33258	ABLATE ATRIA, X10SV, ADD-ON
95145	ANTIGEN THERAPY SERVICES		33259	ABLATE ATRIA W/BYPASS ADD-ON
95146	ANTIGEN THERAPY SERVICES		3325F	PREOP ASSES 4 CATARACT SURG
95147	ANTIGEN THERAPY SERVICES		3330F	IMAGING STUDY ORDERED (BKP)
95149	ANTIGEN THERAPY SERVICES		3331F	BK IMAGING TST NOT ORDERED
95165	ANTIGEN THERAPY SERVICES		3340F	BRST IMAG-RPT/DATACAT 0 DOCD
95170	ANTIGEN THERAPY SERVICES		33411	REPLACEMENT OF AORTIC VALVE
95250	GLUCOSE MONITORING, CONT		3341F	BRST IMAG-RPT/DATACAT 1 DOCD

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
95251	GLUC MONITOR, CONT, PHYS I&R		3342F	BRST IMAG-RPT/DATACAT 2 DOCD
95921	AUTONOMIC NERV FUNCTION TEST		3343F	BRST IMAG-RPT/DATACAT 3 DOCD
95922	AUTONOMIC NERV FUNCTION TEST		3344F	BRST IMAG-RPT/DATACAT 4 DOCD
95923	AUTONOMIC NERV FUNCTION TEST		3345F	BRST IMAG-RPT/DATACAT 5 DOCD
95933	BLINK REFLEX TEST		33864	ASCENDING AORTIC GRAFT
95954	EEG MONITORING/GIVING DRUGS		33930	REMOVAL OF DONOR HEART/LUNG
95961	ELECTRODE STIMULATION, BRAIN		33933	PREPARE DONOR HEART/LUNG
95962	ELECTRODE STIM, BRAIN ADD-ON		33940	REMOVAL OF DONOR HEART
95965	MEG, SPONTANEOUS		33944	PREPARE DONOR HEART
95966	MEG, EVOKED, SINGLE		33960	EXTERNAL CIRCULATION ASSIST
95967	MEG, EVOKED, EACH ADD'L		33961	EXTERNAL CIRCULATION ASSIST
95980	IO ANAL GAST N-STIM INIT		33999	CARDIAC SURGERY PROCEDURE
95981	IO ANAL GAST N-STIM SUBSQ		34806	ANEURYSM PRESS SENSOR ADD-ON
95982	IO GA N-STIM SUBSQ W/REPROG		35500	HARVEST VEIN FOR BYPASS
95999	NEUROLOGICAL PROCEDURE		35523	ARTERY BYPASS GRAFT
96000	MOTION ANALYSIS, VIDEO/3D		36299	VESSEL INJECTION PROCEDURE
96001	MOTION TEST W/FT PRESS MEAS		36415	ROUTINE VENIPUNCTURE
96002	DYNAMIC SURFACE EMG		36416	CAPILLARY BLOOD DRAW
96003	DYNAMIC FINE WIRE EMG		36430	BLOOD TRANSFUSION SERVICE
96004	PHYS REVIEW OF MOTION TESTS		36468	INJECTION(S), SPIDER VEINS
96020	FUNCTIONAL BRAIN MAPPING		36469	INJECTION(S), SPIDER VEINS
96040	GENETIC COUNSELING, 30 MIN		36522	PHOTOPHERESIS
96125	COGNITIVE TEST BY HC PRO		36591	DRAW BLOOD OFF VENOUS DEVICE
96150	ASSESS HLTH/BEHAVE, INIT		36592	COLLECT BLOOD FROM PICC
96151	ASSESS HLTH/BEHAVE, SUBSEQ		36593	DECLOT VASCULAR DEVICE
96152	INTERVENE HLTH/BEHAVE, INDIV		36823	INSERTION OF CANNULA(S)
96153	INTERVENE HLTH/BEHAVE, GROUP		37501	VASCULAR ENDOSCOPY PROCEDURE
96154	INTERV HLTH/BEHAV, FAM W/PT		37788	REVASCULARIZATION, PENIS
96155	INTERV HLTH/BEHAV FAM NO PT		37790	PENILE VENOUS OCCLUSION
96549	CHEMOTHERAPY, UNSPECIFIED		38129	LAPAROSCOPE PROC, SPLEEN
96567	PHOTODYNAMIC TX, SKIN		38204	BL DONOR SEARCH MANAGEMENT
96570	PHOTODYNAMIC TX, 30 MIN		38207	CRYOPRESERVE STEM CELLS
96571	PHOTODYNAMIC TX, ADDL 15 MIN		38208	THAW PRESERVED STEM CELLS
96902	TRICHOGRAM		38209	WASH HARVEST STEM CELLS
96904	WHOLE BODY PHOTOGRAPHY		38210	T-CELL DEPLETION OF HARVEST
96999	DERMATOLOGICAL PROCEDURE		38211	TUMOR CELL DEPLETE OF HARVST
97001	PT EVALUATION		38212	RBC DEPLETION OF HARVEST
97002	PT RE-EVALUATION		38213	PLATELET DEPLETE OF HARVEST
97003	OT EVALUATION		38214	VOLUME DEPLETE OF HARVEST
97004	OT RE-EVALUATION		38215	HARVEST STEM CELL CONCENTRTE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
97005	ATHLETIC TRAIN EVAL		38242	LYMPHOCYTE INFUSE TRANSPLANT
97006	ATHLETIC TRAIN REEVAL		38589	LAPAROSCOPE PROC, LYMPHATIC
97504	Orthotics fitting and training, upper and/or lower extremiti		38792	IDENTIFY SENTINEL NODE
97520	Prosthetic training; upper and/or lower extremities, each 15		4000F	TOBACCO USE TXMNT COUNSELING
97535	SELF CARE MNGMENT TRAINING		4001F	TOBACCO USE TXMNT, PHARMACOL
97537	COMMUNITY/WORK REINTEGRATION		4002F	STATIN THERAPY, RX
97542	WHEELCHAIR MNGMENT TRAINING		4003F	PT ED WRITE/ORAL, PTS W/ HF
97545	WORK HARDENING		4005F	PHARM THX FOR OP RX'D
97546	WORK HARDENING ADD-ON		4006F	BETA-BLOCKER THERAPY RX
97597	ACTIVE WOUND CARE/20 CM OR <		4009F	ACE/ARB inhibitor therapy Rx
97598	ACTIVE WOUND CARE > 20 CM		4011F	ORAL ANTIPLATELET THERAPY RX
97602	WOUND(S) CARE NON-SELECTIVE		4012F	WARFARIN THERAPY RX
97605	NEG PRESS WOUND TX, < 50 CM		4014F	WRITTEN DISCHARGE INSTR PRVD
97606	NEG PRESS WOUND TX, > 50 CM		4015F	PERSIST ASTHMA MEDICINE CTRL
97755	ASSISTIVE TECHNOLOGY ASSESS		4016F	ANTI-INFLM/ANLGSC AGENT RX
97799	PHYSICAL MEDICINE PROCEDURE		4017F	GI PROPHYLAXIS FOR NSAID RX
97802	MEDICAL NUTRITION, INDIV, IN		4018F	THERAPY EXERCISE JOINT RX
97803	MED NUTRITION, INDIV, SUBSEQ		4019F	DOC RECPT COUNSL VIT D/CALC+
97804	MEDICAL NUTRITION, GROUP		4025F	INHALED BRONCHODILATOR RX
98925	OSTEOPATHIC MANIPULATION		4030F	OXYGEN THERAPY RX
98926	OSTEOPATHIC MANIPULATION		4033F	PULMONARY REHAB REC
98927	OSTEOPATHIC MANIPULATION		4035F	INFLUENZA IMM REC
98928	OSTEOPATHIC MANIPULATION		4037F	INFLUENZA IMM ORDER/ADMIN
98929	OSTEOPATHIC MANIPULATION		4040F	PNEUMOC VAC/ADMIN/RCV'D
98943	CHIROPRACTIC MANIPULATION		4041F	DOC ORDER CEFAZOLIN/CEFUROX
98960	SELF-MGMT EDUC & TRAIN, 1 PT		4042F	DOC ANTIBIO NOT GIVEN
98966	HC PRO PHONE CALL 5-10 MIN		4043F	DOC ORDER GIVEN STOP ANTIBIO
98967	HC PRO PHONE CALL 11-20 MIN		4044F	DOC ORDER GIVEN VTE PROPHYLX
98968	HC PRO PHONE CALL 21-30 MIN		4045F	EMPIRIC ANTIBIOTIC RX
98969	ONLINE SERVICE BY HC PRO		4046F	DOC ANTIBIO GIVEN B/4 SURG
99000	SPECIMEN HANDLING		4047F	DOC ANTIBIO GIVEN B/4 SURG
99001	SPECIMEN HANDLING		4048F	DOC ANTIBIO GIVEN B/4 SURG
99002	DEVICE HANDLING		4049F	DOC ORDER GIVEN STOP ANTIBIO
99024	POSTOP FOLLOW-UP VISIT		4050F	HT CARE PLAN DOC
99026	IN-HOSPITAL ON CALL SERVICE		4051F	REFERRED FOR AN AV FISTULA
99027	OUT-OF-HOSP ON CALL SERVICE		4052F	HEMODIALYSIS VIA AV FISTULA
99050	MEDICAL SERVICES AFTER HRS		4053F	HEMODIALYSIS VIA AV GRAFT
99051	MED SERV, EVE/WKEND/HOLIDAY		4054F	HEMODIALYSIS VIA CATHETER
99056	MED SERVICE OUT OF OFFICE		4055F	PT RCVNG PERITON DIALYSIS
99058	OFFICE EMERGENCY CARE		4056F	APPROP ORAL REHYD RECOMM'D

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
99060	OUT OF OFFICE EMERG MED SERV		4058F	PED GASTRO ED GIVEN, CAREGVR
99070	SPECIAL SUPPLIES		4060F	PSYCH SVCS PROVIDED
99071	PATIENT EDUCATION MATERIALS		4062F	PT REFERRAL PSYCH DOC'D
99075	Medical testimony		4064F	ANTIDEPRESSANT RX
99078	GROUP HEALTH EDUCATION		4065F	ANTIPSYCHOTIC RX
99080	SPECIAL REPORTS OR FORMS		4066F	ECT PROVIDED
99090	COMPUTER DATA ANALYSIS		4067F	PT REFERRAL FOR ECT DOC'D
99091	COLLECT/REVIEW DATA FROM PT		4070F	DVT PROPHYLX RECV'D DAY 2
99100	SPECIAL ANESTHESIA SERVICE		4073F	ORAL ANTIPLAT THX RX DISCHRG
99116	ANESTHESIA WITH HYPOTHERMIA		4075F	ANTICOAG THX RX AT DISCHRG
99135	SPECIAL ANESTHESIA PROCEDURE		4077F	DOC T-PA ADMIN CONSIDERED
99140	EMERGENCY ANESTHESIA		4079F	DOC REHAB SVCS CONSIDERED
99172	OCULAR FUNCTION SCREEN		40806	INCISION OF LIP FOLD
99173	VISUAL ACUITY SCREEN		40810	EXCISION OF MOUTH LESION
99175	INDUCTION OF VOMITING		4084F	ASPIRIN RECV'D W/IN 24 HRS
99190	SPECIAL PUMP SERVICES		4090F	PT RCVNG EPO THXPY
99191	SPECIAL PUMP SERVICES		4095F	PT NOT RCVNG EPO THXPY
99192	SPECIAL PUMP SERVICES		4100F	BIPHOS THXPY VEIN ORD/REC'VD
99199	SPECIAL SERVICE/PROC/REPORT		41010	INCISION OF TONGUE FOLD
99288	DIRECT ADVANCED LIFE SUPPORT		41019	PLACE NEEDLES H&N FOR RT
99289	PED CRIT CARE TRANSPORT		4110F	INT MAM ART USED FOR CABG
99290	PED CRIT CARE TRANSPORT ADDL		41115	EXCISION OF TONGUE FOLD
99293	PED CRITICAL CARE, INITIAL		4115F	BETA BLCKR ADMIN W/IN 24 HRS
99294	PED CRITICAL CARE, SUBSEQ		4120F	ANTIBIOT RX'D/GIVEN
99295	NEONATE CRIT CARE, INITIAL		4124F	ANTIBIOT NOT RX'D/GIVEN
99296	NEONATE CRITICAL CARE SUBSEQ		4130F	TOPICAL PREP RX, AOE
99298	IC FOR LBW INFANT < 1500 GM		4131F	SYST ANTIMICROBIAL THX RX
99299	IC, LBW INFANT 1500-2500 GM		4132F	NO SYST ANTIMICROBIAL THX RX
99300	IC, INFANT PBW 2501-5000 GM		4133F	ANTIHIST/DECONG RX/RECOM
99318	ANNUAL NURSING FAC ASSESSMNT		4134F	NO ANTIHIST/DECONG RX/RECOM
99339	DOMICIL/R-HOME CARE SUPERVIS		4135F	SYSTEMIC CORTICOSTEROIDS RX
99340	DOMICIL/R-HOME CARE SUPERVIS		4136F	SYST CORTICOSTEROIDS NOT RX
99358	PROLONGED SERV, W/O CONTACT		4150F	PT RECVNG ANTIVIR TXMNT HEPC
99359	PROLONGED SERV, W/O CONTACT		4151F	PT NOT RECVNG ANTIV HEP C
99361	PHYSICIAN/TEAM CONFERENCE		4152F	DOC'D PEGINTF/RIB THXY CONSD
99362	PHYSICIAN/TEAM CONFERENCE		4153F	COMBO PEGINTF/RIB RX
99363	ANTICOAG MGMT, INIT		4154F	HEP A VAC SERIES RECOMMENDED
99364	ANTICOAG MGMT, SUBSEQ		4155F	HEP A VAC SERIES PREV RECVD
99366	TEAM CONF W/PAT BY HC PRO		4156F	HEP B VAC SERIES RECOMMENDED
99367	TEAM CONF W/O PAT BY PHYS		4157F	HEP B VAC SERIES PREV RECVD

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
99368	TEAM CONF W/O PAT BY HC PRO		4158F	PT EDU RE: ALCOH DRNKNG DONE
99371	PHYSICIAN PHONE CONSULTATION		4159F	CONTRCP TALK B/4 ANTIV TXMNT
99372	PHYSICIAN PHONE CONSULTATION		4163F	PT COUNS. 4 TXMNT OPT, PROST
99373	PHYSICIAN PHONE CONSULTATION		4164F	ADJV HRMNL THXPY RX'D
99374	HOME HEALTH CARE SUPERVISION		4165F	3D-CRT/IMRT) RECEIVED
99375	HOME HEALTH CARE SUPERVISION		4167F	HD BED TILTED, 1ST DAY VENT
99377	HOSPICE CARE SUPERVISION		4168F	PT CARE, ICU&VENT W/IN 24HRS
99378	HOSPICE CARE SUPERVISION		4169F	NO PT CARE ICU/VENT IN 24HRS
99379	NURSING FAC CARE SUPERVISION		4171F	PT. RCVNG ESA THXPY
99380	NURSING FAC CARE SUPERVISION		4172F	PT. NOT RCVNG ESA THXPY
99385	PREV VISIT, NEW, AGE 18-39		4174F	COUNS., POTENT. GLAUC IMPCT
99386	PREV VISIT, NEW, AGE 40-64		4175F	VIS OF >= 20/40 W/IN 90 DAYS
99387	INIT PM E/M, NEW PAT 65+ YRS		4176F	TALK RE UV LIGHT, PT/CRGVR
99395	PREV VISIT, EST, AGE 18-39		4177F	TALK PT/CRGVR RE: AREDS,PREV
99396	PREV VISIT, EST, AGE 40-64		4178F	ANTID GLBLN RCV'D W/IN 26WKS
99397	PER PM REEVAL EST PAT 65+ YR		4179F	TAMOXIFEN/AI PRESCRIBED
99401	PREVENTIVE COUNSELING, INDIV		4180F	ADJV THXPYRX'D/RCV'D STG3A-C
99402	PREVENTIVE COUNSELING, INDIV		4181F	CONFORMAL RAD'N THXPY RCV'D
99403	PREVENTIVE COUNSELING, INDIV		4182F	NO CONFORMAL RAD'N THXPY
99404	PREVENTIVE COUNSELING, INDIV		4185F	CONTINUOUS PPI OR H2RA RCV'D
99406	BEHAV CHNG SMOKING 3-10 MIN		4186F	NO CONT. PPI OR H2RA RCV'D
99407	BEHAV CHNG SMOKING < 10 MIN		4187F	ANTI RHEUM DRUGTHXPYRX'D/GVN
99408	AUDIT/DAST, 15-30 MIN		4188F	APPROP ACE/ARB TSTNG DONE
99409	AUDIT/DAST, OVER 30 MIN		4189F	APPROP DIGOXIN TSTNG DONE
99411	PREVENTIVE COUNSELING, GROUP		4190F	APPROP DIURETIC TSTNG DONE
99412	PREVENTIVE COUNSELING, GROUP		4191F	APPROP ANTICONVULS TSTNG
99420	HEALTH RISK ASSESSMENT TEST		4200F	EXTERNAL BEAM TO PROST ONLY
99429	UNLISTED PREVENTIVE SERVICE		4201F	EXTRNL BEAM OTHER THAN PROST
99435	NEWBORN DISCHARGE DAY HOSP		4210F	ACE/ARB THXPY FOR >= 6 MONS
99441	PHONE E/M BY PHYS 5-10 MIN		4220F	DIGOXIN THXPY FOR >= 6 MONS
99442	PHONE E/M BY PHYS 11-20 MIN		4221F	DIURETIC THXPY FOR >= 6 MONS
99443	PHONE E/M BY PHYS 21-30 MIN		4230F	ANTICONV THXPY FOR >= 6 MONS
99444	ONLINE E/M BY PHYS		4240F	INSTR XRCZ 4BK PN >12 WEEKS
99450	BASIC LIFE DISABILITY EXAM		4242F	SPRVSD XRCZ BK PN >12 WEEKS
99455	WORK RELATED DISABILITY EXAM		4245F	PT INSTR, RESUME NRML LIFEST
99456	DISABILITY EXAMINATION		4248F	PT INSTR-NO BD REST>= 4 DAYS
99477	INIT DAY HOSP NEONATE CARE		4250F	WRMNG 4 SURG - NORMOTHERMIA
99499	UNLISTED E&M SERVICE		43238	UPPR GI ENDOSCOPY W/US FN BX
99500	HOME VISIT, PRENATAL		43265	ENDO CHOLANGIOPANCREATOGRAPH
99501	HOME VISIT, POSTNATAL		43268	ENDO CHOLANGIOPANCREATOGRAPH

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99502	HOME VISIT, NB CARE		43289	LAPAROSCOPE PROC, ESOPH
99503	HOME VISIT, RESP THERAPY		43647	LAP IMPL ELECTRODE, ANTRUM
99504	HOME VISIT MECH VENTILATOR		43648	LAP REVISE/REMV ELTRD ANTRUM
99505	HOME VISIT, STOMA CARE		43659	LAPAROSCOPE PROC, STOM
99506	HOME VISIT, IM INJECTION		43881	IMPL/REDO ELECTRD, ANTRUM
99507	HOME VISIT, CATH MAINTAIN		43882	REVISE/REMOVE ELECTRD ANTRUM
99509	HOME VISIT DAY LIFE ACTIVITY		44132	ENTERECTOMY, CADAVER DONOR
99510	HOME VISIT, SING/M/FAM COUNS		44133	ENTERECTOMY, LIVE DONOR
99511	HOME VISIT, FECAL/ENEMA MGMT		44135	INTESTINE TRANSPLNT, CADAVER
99512	HOME VISIT FOR HEMODIALYSIS		44136	INTESTINE TRANSPLANT, LIVE
99601	HOME INFUSION/VISIT, 2 HRS		44137	REMOVE INTESTINAL ALLOGRAFT
99602	HOME INFUSION, EACH ADDTL HR		44238	LAPAROSCOPE PROC, INTESTINE
99605	MTMS BY PHARM, NP, 15 MIN		44715	PREPARE DONOR INTESTINE
99606	MTMS BY PHARM, EST, 15 MIN		44720	PREP DONOR INTESTINE/VENOUS
99607	MTMS BY PHARM, ADDL 15 MIN		44721	PREP DONOR INTESTINE/ARTERY
A0021	AMB SERVICE OUTSIDE STATE PER MILE TRANSPORT		44979	LAPAROSCOPE PROC, APP
A0080	NONEMERG TRNSPRT-MILE-VEH VOLUN W/NO VESTED INT		45499	LAPAROSCOPE PROC, RECTUM
A0090	NONEMERG TRNSPRT-MILE-VEH PROV IND W/VESTED INT		46762	IMPLANT ARTIFICIAL SPHINCTER
A0100	NONEMERGENCY TRANSPORTATION; TAXI		47133	REMOVAL OF DONOR LIVER
A0110	NONEMERG TRNSPRT&BUS INTRA-/INTERSTATE CARRIER		47136	TRANSPLANTATION OF LIVER
A0120	NONEMERG TRNSPRT: MINI-BUS MTN AREA/OTH SYS		47143	PREP DONOR LIVER, WHOLE
A0130	NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN		47144	PREP DONOR LIVER, 3-SEGMENT
A0140	NONEMERG TRNSPRT & AIR TRAVEL INTRA-/INTERSTATE		47145	PREP DONOR LIVER, LOBE SPLIT
A0160	NONEMERG TRNSPRT: PER MILE-CASE/SOCIAL WORKER		47146	PREP DONOR LIVER/VENOUS
A0170	TRANSPORTATION ANCILLARY: PARKING FEES TOLLS OTH		47147	PREP DONOR LIVER/ARTERIAL
A0180	NONEMERG TRANSPORTATION: ANCILLARY: LODGNG-RECIP		47379	LAPAROSCOPE PROCEDURE, LIVER
A0190	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-RECIP		47579	LAPAROSCOPE PROC, BILIARY
A0200	NONEMERG TRANSPORTATION: ANCILLRY: LODGNG-ESCORT		48160	PANCREAS REMOVAL/TRANSPLANT
A0210	NONEMERG TRANSPORTATION: ANCILLARY: MEALS-ESCORT		48550	DONOR PANCREATECTOMY
A0225	AMB SRVC NEONAT TRNSPRT BASE RATE EMERG 1 WAY		48551	PREP DONOR PANCREAS
A0382	BLS ROUTINE DISPOSABLE SUPPLIES		48552	PREP DONOR PANCREAS/VENOUS
A0384	BLS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB		49002	REOPENING OF ABDOMEN
A0392	ALS SPECIALIZED SERVICE DISPBL SUPPLIES; DEFIB		49203	EXC ABD TUM 5 CM OR LESS
A0394	ALS SPECIALIZED SERVICE DISPBL SPL; IV DRUG TX		49204	EXC ABD TUM OVER 5 CM
A0396	ALS SPCLIZED SERVICE DISPBL SPL; ESOPH INTUBAT		49205	EXC ABD TUM OVER 10 CM
A0398	ALS ROUTINE DISPOSABLE SUPPLIES		49250	EXCISION OF UMBILICUS
A0420	AMBULANCE WAITING TIME ONE-HALF HOUR INCREMENTS		49329	LAPARO PROC, ABDM/PER/OMENT
A0422	AMB OXYGEN&O2 SUPPLIES LIFE SUSTAINING SITUATION		49440	PLACE GASTROSTOMY TUBE PERC
A0424	EXTRA AMBULANCE ATTENDANT GROUND OR AIR ;		49441	PLACE DUOD/JEJ TUBE PERC
A0426	AMB SERVICE ALS NONEMERGENCY TRANSPORT LEVEL 1		49442	PLACE CECOSTOMY TUBE PERC

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A0427	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1		49446	CHANGE G-TUBE TO G-J PERC
A0428	AMBULANCE SERVICE BLS NONEMERGENCY TRANSPORT		49450	REPLACE G/C TUBE PERC
A0429	AMBULANCE SERVICE BLS EMERGENCY TRANSPORT		49451	REPLACE DUOD/JEJ TUBE PERC
A0432	PARAMED INTRCPT RURL AMB NO BILL 3 PARTY PAYER		49452	REPLACE G-J TUBE PERC
A0433	ADVANCED LIFE SUPPORT LEVEL 2		49460	FIX G/COLON TUBE W/DEVICE
A0434	SPECIALTY CARE TRANSPORT		49465	FLUORO EXAM OF G/COLON TUBE
A0435	FIXED WING AIR MILEAGE PER STATUTE MILE		49659	LAPARO PROC, HERNIA REPAIR
A0436	ROTARY WING AIR MILEAGE PER STATUTE MILE		5005F	PT COUNSLD ON EXAM FOR MOLES
A0888	NONCOVERED AMBULANCE MILEAGE PER MILE		5010F	MACUL+ FNDNGS TO DR MNG DM
A0998	AMBULANCE RESPONSE AND TREATMENT NO TRANSPORT		5015F	DOC FX & TEST/TXMNT FOR OP
A0999	Unlisted ambulance service		5020F	TXMNTS 2 MAIN DR BY 1 MON
A4206	SYRINGE WITH NEEDLE STERILE 1 CC EACH		50300	REMOVE CADAVER DONOR KIDNEY
A4207	SYRINGE WITH NEEDLE STERILE 2 CC EACH		50323	PREP CADAVER RENAL ALLOGRAFT
A4208	SYRINGE WITH NEEDLE STERILE 3 CC EACH		50325	PREP DONOR RENAL GRAFT
A4209	SYRINGE WITH NEEDLE STERILE 5 CC OR GREATER EACH		50327	PREP RENAL GRAFT/VENOUS
A4210	NEEDLE-FREE INJECTION DEVICE EACH		50328	PREP RENAL GRAFT/ARTERIAL
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS		50329	PREP RENAL GRAFT/URETERAL
A4212	NONCORING NEEDLE OR STYLET W/WO CATHETER		50385	CHANGE STENT VIA TRANSURETH
A4213	SYRINGE STERILE 20 CC OR GREATER EACH		50386	REMOVE STENT VIA TRANSURETH
A4215	NEEDLE STERILE ANY SIZE EACH		5050F	PLAN 2 MAIN DR. BY 1 MONTH
A4216	STERIL WATER SALINE & OR DXT DILUENT/FLUSH 10 ML		50549	LAPAROSCOPE PROC, RENAL
A4217	STERILE WATER/SALINE 500 ML		50592	PERC RF ABLATE RENAL TUMOR
A4218	STERILE SALINE/WATER METERED DOSE DISPNS 10 ML		50593	PERC CRYO ABLATE RENAL TUM
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP		5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS
A4221	SUPPLIES MAINT DRUG INFUS CATHETER PER WEEK		5062F	DOC F2FMAMMO FNDNG IN 3 DAYS
A4223	INFUS SPL NOT USED W/EXT INFUS PUMP CASSETTE/BAG		50949	LAPAROSCOPE PROC, URETER
A4233	REPL BATT ALKALINE NOT J CELL HOM BG MON OWND PT		51100	DRAIN BLADDER BY NEEDLE
A4234	REPL BATT ALKALINE J CELL HOM BG MON OWN PT EA		51101	DRAIN BLADDER BY TROCAR/CATH
A4235	REPL BATT LITHIUM MED NECES HOM BG MON OWN PT EA		51102	DRAIN BL W/CATH INSERTION
A4236	REPL BATT SILVER OXIDE HOM BG MON OWND PT EA		51999	LAPAROSCOPE PROC, BLA
A4244	Alcohol or peroxide per pint		52510	DILATION PROSTATIC URETHRA
A4245	Alcohol wipes per box		52649	PROSTATE LASER ENUCLEATION
A4246	BETADINE OR PHISOHEX SOLUTION PER PINT		53853	PROSTATIC WATER THERMOTHER
A4247	BETADINE OR IODINE SWABS/WIPES PER BOX		54150	CIRCUMCISION W/REGIONL BLOCK
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC 1 ML		54152	CIRCUMCISION
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS		54160	CIRCUMCISION, NEONATE
A4252	BLOOD KETONE TEST OR STRIP		54231	DYNAMIC CAVERNOSOMETRY
A4253	BLD GLU TEST/REAGT STRIPS HOME BLD GLU MON-50		54235	PENILE INJECTION
A4255	PLATFORMS HOME BLOOD GLUCOSE MONITOR 50 PER BOX		54360	PENIS PLASTIC SURGERY
A4256	NORMAL LOW AND HIGH CALIBRATOR SOLUTION/CHIPS		54401	INSERT SELF-CONTD PROSTHESIS

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A4257	REPL LENS SHIELD CARTRIDGE LASR SKN PIERC DEVC		54405	INSERT MULTI-COMP PENIS PROS
A4258	SPRING-POWERED DEVICE FOR LANCET EACH		54450	PREPUTIAL STRETCHING
A4259	LANCETS PER BOX OF 100		54660	REVISION OF TESTIS
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE		54699	LAPAROSCOPE PROC, TESTIS
A4262	TEMPORARY ABSORBABLE LACRIMAL DUCT IMPLANT EACH		54900	FUSION OF SPERMATIC DUCTS
A4263	PERM LONG-TERM NONDISSOLVABLE LAC DUCT IMPL EA		54901	FUSION OF SPERMATIC DUCTS
A4265	PARAFFIN PER POUND		55400	REPAIR OF SPERM DUCT
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE		55559	LAPARO PROC, SPERMATIC CORD
A4267	CONTRACEPTIVE SUPPLY CONDOM MALE EACH		55870	Electroejaculation
A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH		55873	CRYOABLATE PROSTATE
A4269	CONTRACEPTIVE SUPPLY SPERMICIDE EACH		55920	PLACE NEEDLES PELVIC FOR RT
A4270	DISPOSABLE ENDOSCOPE SHEATH EACH		55970	SEX TRANSFORMATION, M TO F
A4281	TUBING FOR BREAST PUMP REPLACEMENT		55980	SEX TRANSFORMATION, F TO M
A4282	ADAPTER FOR BREAST PUMP REPLACEMENT		57022	I & D VAGINAL HEMATOMA, PP
A4283	CAP FOR BREAST PUMP BOTTLE REPLACEMENT		57023	I & D VAG HEMATOMA, NON-OB
A4284	BREAST SHIELD&SPLASH PROTECTR W/BREAST PUMP REPL		57285	REPAIR PARAVAG DEFECT, VAG
A4285	POLYCARBONATE BOTTLE USE W/BREAST PUMP REPL		57423	REPAIR PARAVAG DEFECT, LAP
A4286	LOCKING RING FOR BREAST PUMP REPLACEMENT		58321	ARTIFICIAL INSEMINATION
A4290	SACRAL NERVE STIMULATION TEST LEAD EACH		58322	ARTIFICIAL INSEMINATION
A4300	IMPLANTABLE ACCESS CATHETER EXTERNAL ACCESS		58323	SPERM WASHING
A4301	IMPLANTABLE ACCESS TOTAL CATHETER PORT/RESERVOIR		58345	REOPEN FALLOPIAN TUBE
A4305	DISPBL DRUG DELIV SYSTEM FLOW RATE 50 ML/>-HOUR		58400	SUSPENSION OF UTERUS
A4306	DISPOSABL DRUG DEL SYS FLOW RATE <50 ML PER HOUR		58410	SUSPENSION OF UTERUS
A4310	INSERTION TRAY W/O DRAIN BAG&W/O CATHETER		58540	REVISION OF UTERUS
A4311	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY LATEX		58565	HYSTEROSCOPY, STERILIZATION
A4312	INSRTION TRAY W/O DRN BAG W/CATH 2-WAY SILCON		58570	TLH, UTERUS 250 G OR LESS
A4313	INSRT TRAY W/O DRN BAG W/CATH 3-WAY CONT IRRIG		58571	TLH W/T/O 250 G OR LESS
A4314	INSRTION TRAY W/DRN BAG W/CATH 2-WAY LATX W/COAT		58572	TLH, UTERUS OVER 250 G
A4315	INSRTION TRAY W/DRN BAG W/CATH2-WAY ALL SILCON		58573	TLH W/T/O UTERUS OVER 250 G
A4316	INSRTION TRAY W/DRN BAG W/CATH 3-WAY CONT IRRIG		58578	LAPARO PROC, UTERUS
A4320	IRRIGATION TRAY W/BULB/PISTON SYRINGE ANY PRPOS		58579	HYSTEROSCOPE PROCEDURE
A4321	THERAPEUTIC AGENT URINARY CATHETER IRRIGATION		58672	LAPAROSCOPY, FIMBRIOPLASTY
A4322	IRRIGATION SYRINGE BULB OR PISTON EACH		58673	LAPAROSCOPY, SALPINGOSTOMY
A4326	MALE EXT CATH W/INTEGRAL CLCT CHAMB ANY TYPE EA		58679	LAPARO PROC, OVIDUCT-OVARY
A4327	FE EXTERNAL URIN COLLECTION DEVICE; METAL CUP EA		58750	REPAIR OVIDUCT
A4328	FE EXTERNAL URINARY COLLECTION DEVICE; POUCH EA		58752	REVISE OVARIAN TUBE(S)
A4330	PERIANAL FECAL COLLECTION POUCH W/ADHESIVE EACH		58760	REMOVE TUBAL OBSTRUCTION
A4331	EXT DRN TUBING W/CNCTOR/ADAPTR FOR LEG BAG EA		58770	CREATE NEW TUBAL OPENING
A4332	LUBRICANT INDIVIDUAL STERILE PACKET EACH		58825	Transposition, ovary(s)
A4333	URIN CATHETER ANCHR DEVICE ADHES SKIN ATTCH EA		58970	RETRIEVAL OF OOCYTE

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A4334	URINARY CATHETER ANCHORING DEVICE LEG STRAP EACH		58974	TRANSFER OF EMBRYO
A4335	INCONTINENCE SUPPLY; MISCELLANEOUS		58976	TRANSFER OF EMBRYO
A4338	INDWELL CATH; FOLEY TYPE TWO-WAY LATEX W/COAT EA		59200	INSERT CERVICAL DILATOR
A4340	INDWELLING CATHETER; SPECIALTY TYPE EACH		59410	OBSTETRICAL CARE
A4344	INDWELL CATH FOLEY TYPE TWO-WAY ALL SILCON EA		59412	ANTEPARTUM MANIPULATION
A4346	INDWELL CATH; FOLY TYPE 3-WAY CONT IRRIGATION EA		59425	ANTEPARTUM CARE ONLY
A4349	MALE EXTERNAL CATHETER W/WO ADHES DISPOSABLE EA		59426	ANTEPARTUM CARE ONLY
A4351	INTERMIT URIN CATH; STRAIGHT TIP W/WO COAT EA		59430	CARE AFTER DELIVERY
A4352	INTERMITTENT URINARY CATHETER; COUDE TIP EACH		59481	INITIAL ANTEPARTUM OFFICE
A4353	INTERMIT URINARY CATHETER W/INSERTION SUPPLIES		59515	CESAREAN DELIVERY
A4354	INSERTION TRAY W/DRAIN BAG BUT WITHOUT CATHETER		59614	VBAC CARE AFTER DELIVERY
A4355	IRRIG TUBING CONT BLADD IRRIG 3-WAY CATH EA		59622	ATTEMPTED VBAC AFTER CARE
A4356	EXTERNAL URETHRAL CLAMP/COMPRESSION DEVICE EACH		59866	ABORTION (MPR)
A4357	BEDSID DRN BAG DAY/NGT W/WO ANTI-REFLX DEVC EA		59897	FETAL INVAS PX W/US
A4358	URINARY LEG BAG; VINYL W/WO TUBE EACH		59898	LAPARO PROC, OB CARE/DELIVER
A4361	OSTOMY FACEPLATE EACH		6005F	CARE LEVEL RATIONALE DOC
A4362	SKIN BARRIER; SOLID 4 FOUR OR EQUIVALENT; EACH		6010F	DYSPHAG TEST DONE B/4 EATING
A4363	OSTOMY CLAMP ANY TYPE REPLACEMENT ONLY EACH		6015F	DYSPHAG TEST DONE B/4 EATING
A4364	ADHESIVE LIQUID OR EQUAL ANY TYPE PER OUNCE		6020F	NPO (NOTHING-MOUTH) ORDERED
A4365	ADHESIVE REMOVER WIPES ANY TYPE PER 50		60300	ASPIR/INJ THYROID CYST
A4366	OSTOMY VENT ANY TYPE EACH		6030F	MAX STERILE BARRIERS FOLLW'D
A4367	OSTOMY BELT EACH		6040F	APPRO RAD DS DVCS TECHS DOCD
A4368	OSTOMY FILTER ANY TYPE EACH		6045F	RADXPS IN END RPRT4FLURO PXD
A4369	OSTOMY SKIN BARRIER LIQUID PER OZ		60659	LAPARO PROC, ENDOCRINE
A4371	OSTOMY SKIN BARRIER POWDER PER OZ		61630	INTRACRANIAL ANGIOPLASTY
A4372	OST SKIN BARR SOL 4X4/EQUV STD WEAR CONVXITY EA		61635	INTRACRAN ANGIOPLSTY W/STENT
A4373	OST SKN BARR W/FLNGE W/BUILT-IN CONVXITY SZ EA		61640	DILATE IC VASOSPASM, INIT
A4375	OSTOMY POUCH DRAINABLE W/FCEPLATE ATTCH PLSTC EA		61641	DILATE IC VASOSPASM ADD-ON
A4377	OSTOMY POUCH DRAINABLE USE FACEPLATE PLASTIC EA		61642	DILATE IC VASOSPASM ADD-ON
A4378	OSTOMY POUCH DRAINABLE USE FACEPLATE RUBBER EACH		61850	IMPLANT NEUROELECTRODES
A4379	OSTOMY POUCH URINARY W/FACEPLATE ATTCH PLSTC EA		61860	IMPLANT NEUROELECTRODES
A4380	OSTOMY POUCH URINARY W/FACEPLATE ATTCH RUBBER EA		61863	IMPLANT NEUROELECTRODE
A4381	OSTOMY POUCH URINARY USE FACEPLATE PLASTIC EACH		61864	IMPLANT NEUROELECTRDE, ADDL
A4382	OSTOMY POUCH URIN USE FACEPLATE HEAVY PLSTC EA		61870	IMPLANT NEUROELECTRODES
A4383	OSTOMY POUCH URINARY USE FACEPLATE RUBBER EACH		61875	IMPLANT NEUROELECTRODES
A4384	OSTOMY FACEPLATE EQUIVALENT SILICONE RING EACH		64550	APPLY NEUROSTIMULATOR
A4385	OST SKN BARRIER SOLID 4X4 EXT W/O CONVXITY EA		64553	IMPLANT NEUROELECTRODES
A4387	OSTOMY POUCH CLOSED W/BARR BUILT-IN CONVEXITY EA		64555	IMPLANT NEUROELECTRODES
A4388	OST POUCH DRAINABLE W/EXT WEAR BARRIER ATTCH EA		64560	IMPLANT NEUROELECTRODES
A4389	OST POUCH DRNABLE W/BARR W/BUILT-IN CONVXITY EA		64561	IMPLANT NEUROELECTRODES

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A4390	OST POUCH DRNABLE W/EXT BARRIER W/CONVXITY EA		64565	IMPLANT NEUROELECTRODES
A4391	OSTOMY POUCH URINARY W/EXT WEAR BARRIER ATTCH EA		64575	IMPLANT NEUROELECTRODES
A4392	OST POUCH URIN W/STD WEAR BARRIER W/CONVXITY EA		64577	IMPLANT NEUROELECTRODES
A4393	OST POUCH URIN W/EXT WEAR BARRIER W/CONVXITY EA		64580	IMPLANT NEUROELECTRODES
A4394	OSTOMY DEODORANT W/WO LUBRICANT POUCH PER FL OZ		64581	IMPLANT NEUROELECTRODES
A4395	OSTOMY DEODORANT USE OSTOMY POUCH SOLID PER TAB		64585	REVISE/REMOVE NEUROELECTRODE
A4396	PERISTOMAL HERNIA SUPPORT BELT		64590	INSRT/REDO PN/GASTR STIMUL
A4397	IRRIGATION SUPPLY; SLEEVE EACH		64595	REVISE/RMV PN/GASTR STIMUL
A4398	OSTOMY IRRIGATION SUPPLY; BAG EACH		64859	NERVE SURGERY
A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATH INCL BRUSH		64999	NERVOUS SYSTEM SURGERY
A4400	Ostomy irrigation set		65760	REVISION OF CORNEA
A4402	Lubricant per ounce		65765	REVISION OF CORNEA
A4404	Ostomy ring each		65767	CORNEAL TISSUE TRANSPLANT
A4405	OSTOMY SKIN BARRIER NONPECTIN-BASED PASTE-OZ		65770	REVISE CORNEA WITH IMPLANT
A4406	OSTOMY SKIN BARRIER PECTIN-BASED PASTE PER OUNCE		65771	Radial keratotomy
A4407	OST SKN BARRIER W/BUILT-IN CONVXITY 4X4 IN/< EA		65772	CORRECTION OF ASTIGMATISM
A4408	OST SKN BARRIER W/BUILT-IN CONVXITY > 4X4 IN EA		65775	CORRECTION OF ASTIGMATISM
A4409	OST SKN BARR EXT W/O BUILT-IN CONVXTY 4X4 IN/<EA		67041	VIT FOR MACULAR PUCKER
A4410	OST SKN BARR EXT W/O BUILT-IN CONVXITY>4X4 IN EA		67042	VIT FOR MACULAR HOLE
A4411	OST SKN BARRIER SOLID 4X4/EQ W/BUILT-IN CONVXITY		67043	VIT FOR MEMBRANE DISSECT
A4412	OST POUCH DRNABLE BARRIER W/FLNGE W/O FLTR EA		67113	REPAIR RETINAL DETACH, CPLX
A4413	OST POUCH DRNABLE HI OP BARRIER W/FLNGE/FLTR EA		67229	TR RETINAL LES PRETERM INF
A4414	OST SKN BARRIER W/O BUILT-IN CONVXITY 4X4 IN/<EA		67335	EYE SUTURE DURING SURGERY
A4415	OST SKN BARRIER W/O BUILT-IN CONVXITY >4X4 IN EA		68816	PROBE NL DUCT W/BALLOON
A4416	OSTOMY POUCH CLOSED W/BARRIER ATTCH W/FILTER EA		69090	PIERCE EARLOBES
A4417	OST POUCH CLO W/BARRIER ATTCH W/BUILT-IN CONVXIT		69421	INCISION OF EARDRUM
A4418	OSTOMY POUCH CLOS; W/O BARRIER ATTCH W/FILTER EA		69710	IMPLANT/REPLACE HEARING AID
A4419	OST POUCH CLOS; BARRIER W/NON-LOCK FLNGE W/FLTR		69711	REMOVE/REPAIR HEARING AID
A4420	OSTOMY POUCH CLOS; USE BARRIER W/LOCK FLNGE EA		69714	IMPLANT TEMPLE BONE W/STIMUL
A4421	OSTOMY SUPPLY; MISCELLANEOUS		69715	TEMPLE BNE IMPLNT W/STIMULAT
A4422	OST ABSORBNT MATL POUCH THICKEN LQD STOMAL OP EA		69717	TEMPLE BONE IMPLANT REVISION
A4423	OST POUCH CLOS; BARRIER W/LOCK FLNGE W/FLTR EA		69718	REVISE TEMPLE BONE IMPLANT
A4424	OSTOMY POUCH DRAINABLE W/BARRIER ATTCH W/FLTR EA		7010F	PT INFO INTO RECALL SYSTEM
A4425	OST POUCH DRNABL; BARR NON-LOCK FLNGE W/FILTR EA		7020F	BRST IMAG-RPT/DATACAT DOCD
A4426	OST POUCH DRAINABLE; USE BARRIER W/LOCK FLNGE EA		7025F	PT INFOSYS ALARM 4 NXT MAMMO
A4427	OST POUCH DRNABLE; BARRIER LOCK FLNGE W/FLTR EA		70336	MAGNETIC IMAGE, JAW JOINT
A4428	OST POUCH URIN EXT BARR W/FAUCET TAP W/VALVE		70371	SPEECH EVALUATION, COMPLEX
A4429	OST POUCH URIN BLT-IN CONVXI W/FAUCET TAP VALVE		70496	CT ANGIOGRAPHY, HEAD
A4430	OST POUCH URIN EXT BARR BLT-IN CNVX FAUCT VLV EA		70498	CT ANGIOGRAPHY, NECK
A4431	OST POUCH URIN; W/BARR W/FAUCET TAP W/VALVE EA		70554	FMRI BRAIN BY TECH

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A4432	OST POUCH URIN;BARR NON-LOCK FLNG FAUCT TAP VALV		70555	FMRI BRAIN BY PHYS/PSYCH
A4433	OST POUCH URIN; FOR BARR W/LOCKING FLANGE EA		71555	MRI ANGIO CHEST W OR W/O DYE
A4434	OST POUCH URIN; BARR LOCK FLNG FAUCET TAP VALVE		72159	MR ANGIO SPINE W/O&W/DYE
A4450	TAPE NON-WATERPROOF PER 18 SQUARE INCHES		72191	CT ANGIOGRAPH PELV W/O&W/DYE
A4452	TAPE WATERPROOF PER 18 SQUARE INCHES		72198	MR ANGIO PELVIS W/O & W/DYE
A4455	ADHESIVE REMOVER OR SOLVENT PER OUNCE		73206	CT ANGIO UPR EXTRM W/O&W/DYE
A4458	ENEMA BAG WITH TUBING REUSABLE		73225	MR ANGIO UPR EXTR W/O&W/DYE
A4461	SURGICAL DRESSING HOLDER NON-REUSABLE EACH		73706	CT ANGIO LWR EXTR W/O&W/DYE
A4463	SURGICAL DRESSING HOLDER REUSABLE EACH		73725	MR ANG LWR EXT W OR W/O DYE
A4465	NONELASTIC BINDER FOR EXTREMITY		74175	CT ANGIO ABDOM W/O & W/DYE
A4470	Gravlee jet washer		74742	X-RAY, FALLOPIAN TUBE
A4480	Vabra aspirator		75552	HEART MRI FOR MORPH W/O DYE
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE EACH		75553	HEART MRI FOR MORPH W/DYE
A4483	MOISTR EXCHGR DISPBL USE W/INVASV MECH VENT		75554	CARDIAC MRI/FUNCTION
A4490	SURGICAL STOCKING ABOVE KNEE LENGTH EACH		75555	CARDIAC MRI/LIMITED STUDY
A4495	SURGICAL STOCKING THIGH LENGTH EACH		75556	CARDIAC MRI/FLOW MAPPING
A4500	SURGICAL STOCKING BELOW KNEE LENGTH EACH		75557	CARDIAC MRI FOR MORPH
A4510	SURGICAL STOCKING FULL-LENGTH EACH		75558	CARDIAC MRI FLOW/VELOCITY
A4520	INCONTINENCE GARMENT ANY TYPE EACH		75559	CARDIAC MRI W/STRESS IMG
A4550	Surgical trays		75560	CARDIAC MRI FLOW/VEL/STRESS
A4554	DISPOSABLE UNDERPADS ALL SIZES		75561	CARDIAC MRI FOR MORPH W/DYE
A4558	CONDUCTIVE GEL/PASTE FOR USE W/ELECTRICAL DEVICE		75562	CARD MRI FLOW/VEL W/DYE
A4559	COUPLING GEL/PASTE USE W/US DEVICE PER OZ		75563	CARD MRI W/STRESS IMG & DYE
A4561	PESSAR RUBBER ANY TYPE		75564	HT MRI W/FLO/VEL/STRS & DYE
A4562	PESSARY NON RUBBER ANY TYPE		75635	CT ANGIO ABDOMINAL ARTERIES
A4565	Slings		76376	3D RENDER W/O POSTPROCESS
A4570	SPLINTS		76377	3D RENDERING W/POSTPROCESS
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER DISPOSABLE		76390	MR SPECTROSCOPY
A4580	CAST SUPPLIES		76496	FLUOROSCOPIC PROCEDURE
A4590	Special casting material		76498	MRI PROCEDURE
A4600	SLEEVE INTERMITTENT LIMB COMPRS DEVC REPL EA		76514	ECHO EXAM OF EYE, THICKNESS
A4601	LITHIUM ION BATTERY NONPROSTHETIC USE REPLACMENT		76813	OB US NUCHAL MEAS, 1 GEST
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH		76814	OB US NUCHAL MEAS, ADD-ON
A4606	OXYGEN PROBE USE W/OXIMETER DEVICE REPLACEMENT		76818	FETAL BIOPHYS PROFILE W/NST
A4608	TRANSTRACHEAL OXYGEN CATHETER EACH		76819	FETAL BIOPHYS PROFIL W/O NST
A4611	BATTRY HEAVY DUTY; REPL PT-OWNED VENTILATOR		76936	ECHO GUIDE FOR ARTERY REPAIR
A4612	BATTRY CABLES; REPLACEMENT PT-OWNED VENTILATOR		76945	ECHO GUIDE, VILLUS SAMPLING
A4613	BATTRY CHARGER; REPLACEMENT PT-OWNED VENTILATOR		76948	ECHO GUIDE, OVA ASPIRATION
A4614	PEAK EXPIRATORY FLOW RATE METER HAND HELD		76977	US BONE DENSITY MEASURE
A4615	Cannula nasal		77078	CT BONE DENSITY, AXIAL

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Code ID	Code Description		Code ID	Code Description
A4616	TUBING PER FOOT		77079	CT BONE DENSITY, PERIPHERAL
A4617	MOUTHPIECE		77082	DXA BONE DENSITY, VERT FX
A4618	Breathing circuits		77083	RADIOGRAPHIC ABSORPTIOMETRY
A4623	TRACHEOSTOMY INNER CANNULA		77084	MAGNETIC IMAGE, BONE MARROW
A4624	TRACHEAL SUCTN CATH TYPE OTH THAN CLOS SYS EA		77522	PROTON TRMT, SIMPLE W/COMP
A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY		77525	PROTON TREATMENT, COMPLEX
A4626	TRACHEOSTOMY CLEANING BRUSH EACH		77605	HYPERTHERMIA TREATMENT
A4627	SPACR BAG/RESRVOR W/WO MASK W/METRD DOSE INHAL		77620	HYPERTHERMIA TREATMENT
A4628	OROPHARYNGEAL SUCTION CATHETER EACH		78267	BREATH TST ATTAIN/ANAL C-14
A4629	TRACHEOSTOMY CARE KIT ESTABLISHED TRACHEOSTOMY		78268	BREATH TEST ANALYSIS, C-14
A4630	REPLCMT BATTRY MED NECES TRNSQ ELEC STIM OWND PT		78350	BONE MINERAL, SINGLE PHOTON
A4633	REPLCMT BULB/LAMP ULTRAVIOLET LIGHT TX SYSTEM EA		78351	BONE MINERAL, DUAL PHOTON
A4634	REPLCMT BULB THERAPEUTIC LIGHT BOX TABOP MODEL		78469	HEART INFARCT IMAGE (3D)
A4638	REPLACEMENT BATTRY PT-OWNED EAR PULSE GEN EA		78491	HEART IMAGE (PET), SINGLE
A4639	REPLACEMENT PAD INFRARED HEATING PAD SYSTEM EACH		78492	HEART IMAGE (PET), MULTIPLE
A4641	RADIOPHARMACEUTICAL DIAGNOSTIC NOC		78607	BRAIN IMAGING (3D)
A4642	INDIUM IN-111 SATUMOMAB PENDETIDE DX UP TO 6 MCI		78647	CEREBROSPINAL FLUID SCAN
A4649	SURGICAL SUPPLY; MISCELLANEOUS		78710	KIDNEY IMAGING (3D)
A4651	CALIBRATED MICROCAPILLARY TUBE EACH		78803	TUMOR IMAGING (3D)
A4652	MICROCAPILLARY TUBE SEALANT		78807	NUCLEAR LOCALIZATION/ABSCESS
A4653	PERITON DIALYSIS CATHETER ANCHR DEVICE BELT EA		78890	NUCLEAR MEDICINE DATA PROC
A4657	SYRINGE WITH OR WITHOUT NEEDLE EACH		78891	NUCLEAR MED DATA PROC
A4660	SPHYGMOMANOMETER/BP APPARATUS W/CUFF&STETHOSCOPE		80047	METABOLIC PANEL IONIZED CA
A4663	BLOOD PRESSURE CUFF ONLY		80050	GENERAL HEALTH PANEL
A4670	AUTOMATIC BLOOD PRESSURE MONITOR		80103	DRUG ANALYSIS, TISSUE PREP
A4671	DISPBL CYCLER SET USED W/CYCLER DIALYSIS MACH EA		80400	ACTH STIMULATION PANEL
A4672	DRAINAGE EXTENSION LINE STERILE DIALYSIS EACH		80402	ACTH STIMULATION PANEL
A4673	EXT LINE W/EASY LOCK CONNECTORS USED W/DIALYSIS		80406	ACTH STIMULATION PANEL
A4674	CHEMS/ANTISEPTICS SOL CLEAN/STERILIZE DIALY 8OZ		80408	ALDOSTERONE SUPPRESSION EVAL
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS EACH		80410	CALCITONIN STIMUL PANEL
A4690	DIALYZER ALL TYPES ALL SIZES HEMODIALYSIS EACH		80412	CRH STIMULATION PANEL
A4706	BICARBONATE CONCENTRATE SOL HEMODIAL PER GALLON		80414	TESTOSTERONE RESPONSE
A4707	BICARBONATE CONCENTRATE POWDER HEMODIAL-PACKET		80415	ESTRADIOL RESPONSE PANEL
A4708	ACTAT CONCENTRATE SOLUTION HEMODIAL PER GALLON		80416	RENIN STIMULATION PANEL
A4709	ACID CONCENTRATE SOLUTION HEMODIAL PER GALLON		80417	RENIN STIMULATION PANEL
A4714	TREATED WATER FOR PERITONEAL DIALYSIS PER GALLON		80418	PITUITARY EVALUATION PANEL
A4719	Y SET TUBING FOR PERITONEAL DIALYSIS		80420	DEXAMETHASONE PANEL
A4720	DIALYSATE DXTROS FL >249</=999 CC PERITON DIALYS		80422	GLUCAGON TOLERANCE PANEL
A4721	DIALYSATE DXTROS FL >999</=1999CC PERITON DIALYS		80424	GLUCAGON TOLERANCE PANEL
A4722	DIALYSATE DXTROS FL>1999</=2999CC PERITON DIALYS		80426	GONADOTROPIN HORMONE PANEL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A4723	DIALYSATE DXTROS FL>2999</=3999CC PERITON DIALYS		80428	GROWTH HORMONE PANEL
A4724	DIALYSATE DXTROS FL>3999</=4999CC PERITON DIALYS		80430	GROWTH HORMONE PANEL
A4725	DIALYSATE DXTROS FL>4999</=5999CC PERITON DIALYS		80432	INSULIN SUPPRESSION PANEL
A4726	DIALYSATE DEXTROSE FLUID >5999 CC		80434	INSULIN TOLERANCE PANEL
A4728	DIALYSATE SOLUTION NON-DXTROS CONTAINING 500 ML		80435	INSULIN TOLERANCE PANEL
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS EACH		80436	Metyrapone panel
A4736	TOPICAL ANESTHETIC FOR DIALYSIS PER GRAM		80438	TRH STIMULATION PANEL
A4737	INJECTABLE ANESTHETIC FOR DIALYSIS PER 10 ML		80439	TRH STIMULATION PANEL
A4740	SHUNT ACCESSORY HEMODIALYSIS ANY TYPE EACH		80440	TRH STIMULATION PANEL
A4750	BLOOD TUBING ARTERIAL/VENOUS HEMODIALYSIS EACH		80500	LAB PATHOLOGY CONSULTATION
A4755	BLOOD TUBING ART&VENOUS COMBINED HEMODIALYSIS EA		80502	LAB PATHOLOGY CONSULTATION
A4760	DIALYSATE SOL TST KIT PERITON DIALYSIS TYPE EA		81020	URINALYSIS, GLASS TEST
A4765	DIALYSATE CONC POWDER ADD PERITON DIALYSIS-PCKET		82075	ASSAY OF BREATH ETHANOL
A4766	DIALYSATE CONC SOL ADD PERITON DIALYSIS-10 ML		82190	ATOMIC ABSORPTION
A4770	BLOOD COLLECTION TUBE VACUUM FOR DIALYSIS PER 50		82610	CYSTATIN C
A4771	SERUM CLOTTING TIME TUBE FOR DIALYSIS PER 50		82757	ASSAY OF SEMEN FRUCTOSE
A4772	BLOOD GLUCOSE TEST STRIPS FOR DIALYSIS PER 50		83937	ASSAY OF OSTEOCALCIN
A4773	OCCULT BLOOD TEST STRIPS FOR DIALYSIS PER 50		83950	ONCOPROTEIN, HER-2/NEU
A4774	AMMONIA TEST STRIPS FOR DIALYSIS PER 50		83993	ASSAY FOR CALPROTECTIN FECAL
A4802	PROTAMINE SULFATE FOR HEMODIALYSIS PER 50 MG		84061	PHOSPHATASE, FORENSIC EXAM
A4860	DISPBL CATHETER TIPS PERITONEAL DIALYSIS PER 10		84449	ASSAY OF TRANSCORTIN
A4870	PLUMBING &OR ELEC WORK HOME HEMODIAL EQUIPMENT		84586	ASSAY OF VIP
A4890	CONTRACTS REPAIR&MAINTENANCE HEMODIAL EQUIPMENT		84704	HCG, FREE BETACHAIN TEST
A4911	DRAIN BAG/BOTTLE FOR DIALYSIS EACH		86005	ALLERGEN SPECIFIC IGE
A4913	MISCELLANEOUS DIALYSIS SUPPLIES NOS		86336	INHIBIN A
A4918	VENOUS PRESSURE CLAMP FOR HEMODIALYSIS EACH		86356	MONONUCLEAR CELL ANTIGEN
A4927	GLOVES NON-STERILE PER 100		86486	SKIN TEST, NOS ANTIGEN
A4928	SURGICAL MASK PER 20		86890	AUTOLOGOUS BLOOD PROCESS
A4929	TOURNIQUET FOR DIALYSIS EACH		86891	AUTOLOGOUS BLOOD, OP SALVAGE
A4930	GLOVES STERILE PER PAIR		86910	BLOOD TYPING, PATERNITY TEST
A4931	ORAL THERMOMETER REUSABLE ANY TYPE EACH		86911	BLOOD TYPING, ANTIGEN SYSTEM
A4932	RECTAL THERMOMETER REUSABLE ANY TYPE EACH		86950	LEUKACYTE TRANSFUSION
A5051	OSTOMY POUCH CLOSED; WITH BARRIER ATTACHED EACH		86965	POOLING BLOOD PLATELETS
A5052	OSTOMY POUCH CLOSED; WITHOUT BARRIER ATTACHED EA		86985	SPLIT BLOOD OR PRODUCTS
A5053	OSTOMY POUCH CLOSED; FOR USE ON FACEPLATE EACH		87500	VANOMYCIN, DNA, AMP PROBE
A5054	OSTOMY POUCH CLOSED; USE BARRIER W/FLANGE EACH		87620	HPV, DNA, DIR PROBE
A5055	Stoma cap		87622	HPV, DNA, QUANT
A5061	OSTOMY POUCH DRAINABLE; W/BARRIER ATTACHED EACH		87809	ADENOVIRUS ASSAY W/OPTIC
A5062	OSTOMY POUCH DRAINABLE; WITHOUT BARRIER ATTCH EA		88000	AUTOPSY (NECROPSY), GROSS
A5063	OSTOMY POUCH DRAINABLE; USE BARRIER W/FLANGE EA		88005	AUTOPSY (NECROPSY), GROSS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A5071	OSTOMY POUCH URINARY; WITH BARRIER ATTACHED EACH		88007	AUTOPSY (NECROPSY), GROSS
A5072	OSTOMY POUCH URINARY; WITHOUT BARRIER ATTCH EA		88012	AUTOPSY (NECROPSY), GROSS
A5073	OSTOMY POUCH URINARY; USE BARRIER W/FLANGE EACH		88014	AUTOPSY (NECROPSY), GROSS
A5081	CONTINENT DEVICE; PLUG FOR CONTINENT STOMA		88016	AUTOPSY (NECROPSY), GROSS
A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA		88020	AUTOPSY (NECROPSY), COMPLETE
A5083	STOMA ABSORPTIVE COVER		88025	AUTOPSY (NECROPSY), COMPLETE
A5093	OSTOMY ACCESSORY; CONVEX INSERT		88027	AUTOPSY (NECROPSY), COMPLETE
A5102	BEDSID DRAIN BOTTLE W/WO TUBING RIGD/XPNDABLE EA		88028	AUTOPSY (NECROPSY), COMPLETE
A5105	URINARY SUSPENSORY; W/WO LEG BAG W/WO TUBE EA		88029	AUTOPSY (NECROPSY), COMPLETE
A5112	URINARY LEG BAG; LATEX		88036	LIMITED AUTOPSY
A5113	LEG STRAP; LATEX REPLACEMENT ONLY PER SET		88037	LIMITED AUTOPSY
A5114	LEG STRAP; FOAM/FABRIC REPLACEMENT ONLY PER SET		88040	FORENSIC AUTOPSY (NECROPSY)
A5120	SKIN BARRIER WIPES OR SWABS EACH		88045	CORONER'S AUTOPSY (NECROPSY)
A5121	SKIN BARRIER; SOLID 6 X 6 OR EQUIVALENT EACH		88099	NECROPSY (AUTOPSY) PROCEDURE
A5122	SKIN BARRIER; SOLID 8 X 8 OR EQUIVALENT EACH		88125	FORENSIC CYTOPATHOLOGY
A5126	ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD		88365	INSITU HYBRIDIZATION (FISH)
A5131	APPLINC CLNR INCONT&OSTOMY APPLINCS PER 16 OZ		88380	MICRODISSECTION, LASER
A5200	PERCUT CATH/TUBE ANCHR DEVICE ADHES SKIN ATTCH		88381	MICRODISSECTION, MANUAL
A5508	DIAB ONLY DELUXE FEATURE SHOE/CSTM MOLD SHOE		88385	EVAL MOLECUL PROBES, 51-250
A5510	DIAB ONLY DIR FORM COMPRS MOLD PTS FT W/O HEAT		88386	EVAL MOLECUL PROBES, 251-500
A6000	NON-CNTC WND WARMING WND COVR W/DEVC&CARD		89250	CULTR OOCYTE/EMBRYO <4 DAYS
A6010	COLL BASED WOUND FILLER DRY FORM PER GRAM COLL		89251	CULTR OOCYTE/EMBRYO <4 DAYS
A6011	COLL BASED WOUND FILLER GEL/PASTE PER GRAM COLL		89253	EMBRYO HATCHING
A6021	COLLAGEN DRESSING PAD SIZE 16 SQ IN OR LESS EACH		89254	OOCYTE IDENTIFICATION
A6022	COLL DRESS PAD SIZE > 16 SQ BUT </EQUAL 48 SQ EA		89255	PREPARE EMBRYO FOR TRANSFER
A6023	COLLAGEN DRESSING PAD SIZE > 48 SQ IN EACH		89257	SPERM IDENTIFICATION
A6024	COLLAGEN DRESSING WOUND FILLER PER SIX IN		89258	CRYOPRESERVATION; EMBRYO(S)
A6025	GEL SHEET FOR DERMAL/EPIDERMAL APPLICATION EACH		89259	CRYOPRESERVATION, SPERM
A6154	Wound pouch each		89260	SPERM ISOLATION, SIMPLE
A6196	ALGINATE/OTH FIBER GELL DRESS WND PAD 16 SQ/< EA		89261	SPERM ISOLATION, COMPLEX
A6197	ALGINATE/OTH FIBER GELL DRESS PAD >16</=48 SQ EA		89264	IDENTIFY SPERM TISSUE
A6198	ALGINATE/OTH FIBER GELL DRESS WND PAD > 48 SQ EA		89268	INSEMINATION OF OOCYTES
A6199	ALGINATE/OTH FIBER GELLING DRESS WOUND FIL-6 IN		89272	EXTENDED CULTURE OF OOCYTES
A6200	COMPOS DRESS PAD SZ 16 SQ/< W/O ADHES BORDR EA		89280	ASSIST OOCYTE FERTILIZATION
A6201	COMPOS DRESS >16 BUT </=48 SQ W/O ADHES BORDR EA		89281	ASSIST OOCYTE FERTILIZATION
A6202	COMPOS DRESS PAD SZ > 48 SQ W/O ADHES BORDR EA		89290	BIOPSY, OOCYTE POLAR BODY
A6203	COMPOS DRESS PAD SZ 16 SQ/LESS W/ADHES BORDR EA		89291	BIOPSY, OOCYTE POLAR BODY
A6204	COMPOS DRESS >16SQ BUT </=48 SQ W/ADHES BORDR EA		89300	SEMEN ANALYSIS W/HUHNER
A6205	COMPOS DRESS PAD SZ > 48 SQ W/ADHES BORDR EA		89310	SEMEN ANALYSIS W/COUNT
A6206	CONTACT LAYER 16 SQ IN OR LESS EACH DRESSING			

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A6207	CNTC LAYER > 16 SQ BUT </EQUAL 48 SQ EA DRESSING		G0268	REMV IMP CERUMEN PHYS SAME DATE AUDIO FUNCT TST
A6208	CONTACT LAYER MORE THAN 48 SQ IN EACH DRESSING		G0269	PLCMT OCCL DEVC VENUS/ART POST SURG/INTRVNL PROC
A6209	FOAM DRESS PAD SZ 16 SQ/< W/O ADHES BORDR EA		G0270	MED NUT TX; REASSESS FLW 2 REF YR W/PT EA 15 MIN
A6210	FOAM DRESS > 16 BUT </= 48 SQ W/O ADHES BORDR EA		G0271	MED NUT TX REASSESS FLW 2 REF YR GRP EA 30 MIN
A6211	FOAM DRESS PAD SZ > 48 SQ W/O ADHES BORDR EA		G0275	RENL ANGIO NON-SELCTV 1/BOTH KIDNEYS RAD S&I
A6212	FOAM DRESS PAD SZ 16 SQ/LESS W/ADHES BORDR EA		G0278	ILIAC&/FEM ART ANGIO NON-SEL CATH INSRTION S&I
A6213	FOAM DRESS >16 SQ BUT </= 48 SQ W/ADHES BORDR EA		G0281	E-STIM 1/> AREAS CHRONIC STAGE III&IV ULCERS
A6214	FOAM DRESS PAD SZ > 48 SQ W/ADHES BORDR EA		G0282	E-STIM 1/MORE AREAS WND CARE OTH THAN DESC G0281
A6215	FOAM DRESSING WOUND FILLER PER GRAM		G0283	E-STIM 1/> AREAS OTH THAN WND CARE PART TX PLAN
A6216	GAUZE NON-IMPREG NONSTERL 16 SQ/< W/O ADHES EA		G0288	RECON CT ANGIO AORTA SURG PLANNING VASC SURG
A6217	GAUZE NON-IMPREG NONSTERL >16 </=48 SQ W/O ADHES		G0289	SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT
A6218	GAUZE NON-IMPREG NONSTERL > 48 SQ W/O ADHES EA		G0290	TRNSCATH PLCMT RX ELUTING INTRACOR STNT; 1 VES
A6219	GAUZE NON-IMPREG 16 SQ/LESS W/ADHES BORDR EA		G0291	TRNSCATH PLCMT RX ELUTING INTRACOR STNT; EA ADD
A6220	GAUZE NON-IMPREG >16 </= 48 SQ W/ADHES BORDR EA		G0293	NONCOVR SURG CONSC SEDAT ANES-MCR QUAL TRIAL-DAY
A6221	GAUZE NON-IMPREG > 48 SQ W/ADHES BORDR EA		G0294	NONCOVR PROC NO ANES/LOC ANES-MCR QUAL TRIAL-DAY
A6222	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL 16 SQ/<		G0295	ELECMAGNET TX 1/>AREA WND CARE NOT G0329/OTH USE
A6223	GAUZE IMPREG NOT H2O SALINE/HYDRGEL >16 </=48 SQ		G0297	INSRT 1 CHAMB PACE CARDIOVRT DFIB PULSE GENERATR
A6224	GAUZE IMPREG NOT H2O NL SALINE/HYDROGEL > 48 SQ		G0300	INSRT/REPSTN LEAD 2 CHAMB DFIB&INSRT PULSE GEN
A6228	GAUZE IMPREG WATER/NL SALINE > 16 SQ W/O ADHES		G0302	PRE-OP PULM SURG SRVC PREP LVRS CMPL COURSE SRVC
A6229	GAUZE IMPREG WATR/NL SALINE > 16 BUT </= 48 SQ		G0303	PRE-OP PULM SURG SRVC PREP LVRS 10-15 DA SRVC
A6230	GAUZE IMPREG WATR/NL SALINE > 48 SQ W/O ADHES		G0304	PRE-OP PULM SURG PREP LVRS 1-9 DA SRVC
A6231	GAUZE IMPREG HYDROGEL DIR WND CNTC 16 SQ/LESS		G0305	POST-D/C PULM SURG AFTER LVRS MINI 6 DAYS SRVC
A6232	GAUZE IMPREG HYDROGEL DIR WND CNTC >16 </= 48 SQ		G0306	COMPLETE CBC AUTOMATED&AUTOMATED WBC DIFF COUNT
A6233	GAUZE IMPREG HYDROGEL DIR WND CNTC > 48 SQ EA		G0307	COMPLETE CBC AUTOMATED
A6234	HYDROCOLLOID DRESS 16 SQ/LESS W/O ADHES BORDR EA		G0308	ESRD REL SRVC DUR TX PTS UND 2 YRS; 4/> VSTS MO
A6235	HYDROCOLLOID DRESS >16 BUT </=48 SQ W/O ADHES EA		G0309	ESRD REL SRVC DUR TX PTS UND 2 YRS; 2/3 VSTS MO
A6236	HYDROCOLLOID DRESS > 48 SQ W/O ADHES BORDR EA		G0310	ESRD REL SRVC DUR TX PTS UND 2 YRS AGE; 1 VST MO
A6237	HYDROCOLLOID DRESS 16 SQ/LESS W/ADHES BORDR EA		G0311	ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 4/>VST MO
A6238	HYDROCOLLOID DRESS > 16 BUT </= 48 SQ W/ADHES EA		G0312	ESRD REL SRVC DUR TX PT BETWN 2&11; 2/3 VSTS MO
A6239	HYDROCOLLOID DRESS > 48 SQ W/ADHES BORDR EA		G0313	ESRD REL SRVC DUR TX PT BETWN 2&11 YR; 1 VST MO
A6240	HYDROCOLLOID DRESS WOUND FILLER PASTE-FL OUNCE		G0314	ESRD REL SRVC DUR TX PT BETWN 12&19; 4/> VSTS MO
A6241	HYDROCOLLOID DRESSING WOUND FILLER DRY FORM-GM		G0315	ESRD REL SRVC DUR TX PT BETWN 12&19; 2/3 VSTS MO
A6242	HYDROGEL DRESS PAD SZ 16 SQ/< W/O ADHES BORDR EA		G0316	ESRD REL SRVC DUR TX PT BETWN 12&19 YR; 1 VST MO
A6243	HYDROGEL DRESS >16 SQ BUT </= 48 SQ W/O ADHES EA		G0317	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 4/> VSTS MO
A6244	HYDROGEL DRESS PAD SZ > 48 SQ W/O ADHES BORDR EA		G0318	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 2/3 VSTS MO
A6245	HYDROGEL DRESS PAD SZ 16 SQ/< W/ADHES BORDR EA		G0319	ESRD REL SRVC DUR TX PTS 20 YRS&OVR; 1 VST MONTH
A6246	HYDROGEL DRESS > 16 SQ BUT </= 48 SQ W/ADHES EA		G0320	ESRD REL SRVC HOM DIALYSIS FULL MO; UND 2 YR AGE
A6247	HYDROGEL DRESS PAD SZ > 48 SQ W/ADHES BORDR EA		G0321	ESRD REL SRVC HOM DIALYSIS FULL MO; 2-11 YRS AGE
A6248	HYDROGEL DRESSING WOUND FILLER GEL PER FL OUNCE		C1894	INTRDUCR/SHEATH NOT GUID INTRACARD EP NON-LASR
A6250	SKIN SEALNT PROTECT MOISTURIZER OINTMNT TYPE SZ		C1895	LEAD CARDIOVERT-DEFIB ENDOCARDIAL DUAL COIL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A6251	SPCLTY ABSORB DRESS 16 SQ/< W/O ADHES BORDR EA		C1896	LEAD CARDIOVRT-DFIB NOT ENDOCARDIAL 1/DUL COIL
A6252	SPCLTY ABSORB DRESS >16 </=48 SQ W/O ADHES BORDR		C1897	LEAD NEUROSTIMULATOR TEST KIT
A6253	SPCLTY ABSORB DRESS > 48 SQ W/O ADHES BORDR EA		C1898	LEAD PACEMKR OTH THAN TRNS VDD SINGLE PASS
A6254	SPCLTY ABSORB DRESS 16 SQ/< W/ADHES BORDR EA		C1899	LEAD PACEMAKER/CARDIOVERT-DEFIB COMBINATION
A6255	SPCLTY ABSORB DRESS >16 </= 48 SQ W/ADHES BORDR		C1900	LEAD LEFT VENTRICULAR CORONARY VENOUS SYSTEM
A6256	SPCLTY ABSORB DRESS > 48 SQ W/ADHES BORDR EA		C2614	PROBE PERCUTANEOUS LUMBAR DISCECTOMY
A6257	TRANSPARENT FILM 16 SQ IN OR LESS EACH DRESSING		C2615	SEALANT PULMONARY LIQUID
A6258	TRNSPRT FILM > 16 SQ BUT </EQUAL 48 SQ EA DRESS		C2616	BRACHYTHERAPY NONSTRANDED YTTRIUM-90 PER SOURCE
A6259	TRANSPARENT FILM > 48 SQ IN EACH DRESSING		C2617	STENT NON-COR TEMPORARY WITHOUT DELIVERY SYSTEM
A6260	WOUND CLEANSERS ANY TYPE ANY SIZE		C2618	PROBE CRYOABLATION
A6261	WOUND FILLER GEL/PASTE PER FLUID OUNCE NEC		C2619	PACEMAKER DUAL CHAMBER NON RATE-RESPONSIVE
A6262	WOUND FILLER DRY FORM PER GRAM NEC		C2620	PACEMAKER SINGLE CHAMBER NON RATE-RESPONSIVE
A6266	GAUZE IMPREG NOT H2O SALINE/ZINC PASTE LINR YD		C2621	PACEMAKER OTHER THAN SINGLE OR DUAL CHAMBER
A6402	GAUZE NON-IMPREG STERL 16 SQ/< W/O ADHES BORDR		C2622	PROSTHESIS PENILE NON-INFLATABLE
A6403	GAUZE NON-IMPREG STERL > 16 </= 48 SQ W/O ADHES		C2625	STENT NON-CORONARY TEMPORARY W/DELIVERY SYSTEM
A6404	GAUZE NON-IMPREG STERL > 48 SQ W/O ADHES BORDR		C2626	INFUSION PUMP NON-PROGRAMMABLE TEMPORARY
A6407	PACK STRIPS NON-IMPREGNTD UP 2 IN WDTH-LINR YARD		C2627	CATHETER SUPRAPUBIC/CYSTOSCOPIC
A6410	EYE PAD STERILE EACH		C2628	CATHETER OCCLUSION
A6411	EYE PAD NON-STERILE EACH		C2629	INTRDUCR/SHEATH OTH THAN GUID INTRACARD EP LASR
A6412	EYE PATCH OCCLUSIVE EACH		C2630	CATH EP DX/ABLAT NOT 3D/VECTOR MAP COOL-TIP
A6413	ADHESIVE BANDAGE, FIRST AID		C2631	REPAIR DEVICE URINARY INCONT WITHOUT SLING GRAFT
A6441	PADD BANDGE NON-ELAST NON-WOVEN/NON-KNITTED WDTH		C2634	BRACHYTX NONSTRAND IODINE-125 >1.01 MCI PER SRC
A6442	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		C2635	BRACHYTX NONSTRND PALLADIUM-103 >2.2 MCI PER SRC
A6443	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		C2636	BRACHYTX LINEAR NONSTRAND PALLADIUM-103 PER 1 MM
A6444	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN NON-ST		C2637	BRACHYTX NONSTRANDED YTTERBIUM-169 PER SOURCE
A6445	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		C2638	BRACHYTHERAPY STRANDED IODINE-125 PER SOURCE
A6446	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		C2639	BRACHYTHERAPY NONSTRANDED IODINE-125 PER SOURCE
A6447	CONFORMING BANDGE NON-ELAST KNITTED/WOVEN STERL		C2640	BRACHYTHERAPY STRANDED PALLADIUM-103 PER SOURCE
A6448	LT COMPRS BANDGE ELAST WDTH < 3 IN PER YARD		C2641	BRACHYTHERAPY NONSTRANDED PALLADIUM-103 PER SRC
A6449	LT COMPRS BANDGE ELAST WDTH >/= 3 & <5 IN PER YD		C2642	BRACHYTHERAPY STRANDED CESIUM-131 PER SOURCE
A6450	LT COMPRS BANDGE ELAST WDTH >/= 5 IN PER YARD		C2643	BRACHYTHERAPY NONSTRANDED CESIUM-131 PER SOURCE
A6451	MOD COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN		C2698	BRACHYTHERAPY SOURCE STRANDED NOS PER SOURCE
A6452	HI COMPRS BANDGE LOAD RESIST WDTH >/= 3 & <5 IN		C2699	BRACHYTHERAPY SOURCE NONSTRANDED NOS PER SOURCE
A6453	SELF-ADHERENT BANDGE WDTH </= 3 IN PER YARD		C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN
A6454	SELF-ADHERENT BANDGE WDTH >/= 3 & < 5 IN PER YD		C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN
A6455	SELF-ADHERENT BANDGE WDTH >/= 5 IN PER YARD		C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD
A6456	ZINC PASTE IMPREGNTD BANDGE WDTH >/= 3 & <5 IN		C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL
A6457	TUBULAR DRSG W/WO ELASTIC ANY WDTH PER LINEAR YD		C8904	MR IMAGING WITHOUT CONTRAST BREAST; UNILATERAL
A6501	COMPRS BURN GARMENT BODYSUIT CUSTOM FABRICATED		C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI
A6502	COMPRS BURN GARMENT CHIN STRAP CUSTOM FABRICATED		C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A6503	COMPRS BURN GARMENT FACIAL HOOD CUSTOM FAB		C8907	MR IMAGING WITHOUT CONTRAST BREAST; BILATERAL
A6504	COMPRS BURN GARMENT GLOVE WRIST CUSTOM FAB		C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL
A6505	COMPRS BURN GARMENT GLOVE ELB CUSTOM FABRICATED		C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST
A6506	COMPRS BURN GARMENT GLOVE AXILLA CUSTOM FAB		C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST
A6507	COMPRS BURN GARMENT FT KNEE LENGTH CUSTOM FAB		C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST
A6508	COMPRS BURN GARMENT FT THIGH LENGTH CUSTOM FAB		C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY
A6509	COMPRS BRN GARMNT UP TRNK WAIST ARM OPENING CSTM		C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY
A6510	COMPRS BRN GARMNT TRNK ARMS TO LEG OPENING CSTM		C8914	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM
A6511	COMPRS BRN GARMNT LW TRNK W/LEG OPENING CSTM FAB		C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS
A6512	COMPRESSION BURN GARMENT NOC		C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS
A6513	COMPRS BRN MASK FCE & OR NCK PLSTC/EQUL CSTM FAB		C8920	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS
A6530	GRADIENT COMPRESSION STK BELW KNEE 18-30 MMHG EA		C8957	IV INFUS TX/DX; INIT PROLNG RQR PORT/IMPL PUMP
A6531	GRADIENT COMPRESSION STK BELW KNEE 30-40 MMHG EA		C9003	PALIVIZUMAB-RSV-IGM PER 50 MG
A6532	GRADIENT COMPRESSION STK BELW KNEE 40-50 MMHG EA		C9113	INJECTION PANTOPRAZOLE SODIUM PER VIAL
A6533	GRADIENT COMPRESSION STK THIGH LEN 18-30 MMHG EA		C9121	INJECTION ARGATROBAN PER 5 MG
A6534	GRADIENT COMPRESSION STK THIGH LEN 30-40 MMHG EA		C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS
A6535	GRADIENT COMPRESSION STK THIGH LEN 40-50 MMHG EA		C9716	CREATIONS THERMAL ANAL LESIONS RADIOFREQ ENERGY
A6536	GRADIENT COMPRS STK FULL LEN/CHAP 18-30 MMHG EA		C9723	DYNAMIC INFRARED BLOOD PERFUSION IMAGING DIRI
A6537	GRADIENT COMPRS STK FULL LEN/CHAP 30-40 MMHG EA		C9725	PLCMT ENDORECT INTRACAV APPLIC HI INTNS BRACHYTX
A6538	GRADIENT COMPRS STK FULL LEN/CHAP 40-50 MMHG EA		C9726	PLCMT REMOVAL APPLICATOR TO BREAST RADIATION TX
A6539	GRADIENT COMPRESSION STK WAIST LEN 18-30 MMHG EA		C9727	INSERTION IMPL TO SOFT PALATE; MINIMUM 3 IMPL
A6540	GRADIENT COMPRESSION STK WAIST LEN 30-40 MMHG EA		C9728	PLCMT INTERSTITIAL DEVC RADTX/SURG GUID NOT PROS
A6541	GRADIENT COMPRESSION STK WAIST LEN 40-50 MMHG EA		D0120	PERIODIC ORAL EVALUATION ESTABLISHED PATIENT
A6542	GRADIENT COMPRESSION STOCKING CUSTOM MADE		D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED
A6543	GRADIENT COMPRESSION STOCKING LYMPHEDEMA		D0145	ORAL EVAL PT UND 3 YR AGE CNSL W/PRIM CAREGIVER
A6549	GRADIENT COMPRESSION STOCKING NOS		D0150	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT
A7002	TUBING USED WITH SUCTION PUMP EACH		D0160	DTL&EXT ORAL EVALUATION - PROBLEM FOCUSED REPORT
A7003	ADMN SET SM VOL NONFILTR PNEUMAT NEBULIZR DISPBL		D0170	RE-EVALUATION - LIMITED PROBLEM FOCUSED
A7004	SMALL VOLUME NONFILTR PNEUMATIC NEBULIZER DISPBL		D0180	COMP PERIODONTAL EVALUATION - NEW/EST PATIENT
A7006	ADMIN SET W/SMALL VOLUME FILTR PNEUMAT NEBULIZR		D0210	INTRAORAL-COMPLETE SERIES
A7007	LG VOL NEBULIZR DISPBL UNFIL USED W/AROSL COMPRS		D0220	INTRAORAL-PERIAPICAL-FIRST FILM
A7008	LG VOL NEBULIZR DISPBL PREFIL W/AROSL COMPRS		D0230	INTRAORAL-PERIAPICAL-EACH ADDITIONAL FILM
A7009	RESRVOR BOTTLE NON-DISPBL W/LG VOL US NEBULIZR		D0240	INTRAORAL - OCCLUSAL FILM
A7010	CORUGATD TUBING DISPBL W/LG VOL NEBULIZR 100 FT		D0250	EXTRAORAL - FIRST FILM
A7011	CORRG TUBING NON-DISP/NEB USE 10 FT		D0260	EXTRAORAL - EACH ADDITIONAL FILM
A7012	WATER COLLEC DEV USE W/LG VOL NEB		D0270	BITEWING - SINGLE FILM
A7013	FLTR DISP USED W/ AREO COMPRES		D0272	BITEWINGS - TWO FILMS
A7014	FILTER NON-DISPBL USED W/AROSL COMPRS/US GEN		D0273	BITEWINGS - THREE FILMS
A7016	DOME&MOUTHPIECE USED W/SMALL VOLUME US NEBULIZR		D0274	BITEWINGS - FOUR FILMS
A7017	NEB GLASS/AUTOCLAV NOT USE W/O2		D0277	VERTICAL BITEWINGS - 7 TO 8 FILMS

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A7018	H2O DIST USE W/LG VOL NEB 1000 ML		D0290	POST-ANT/LAT SKULL&FACIAL BONE SURVEY FILM
A7025	HI FREQ CHST WALL OSCILLAT SYS VEST REPL PT OWND		D0310	SIALOGRAPHY
A7026	HI FREQ CHST WALL OSCILLAT SYS HOSE REPL PT OWND		D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM INCL INJ
A7027	COMBINATION ORAL/NASAL MASK		D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS BY REPORT
A7028	REPL ORAL CUSHION COMBO MASK		D0322	TOMOGRAPHIC SURVEY
A7029	REPL NASAL PILLOW COMB MASK		D0330	PANORAMIC FILM
A7040	ONE WAY CHEST DRAIN VALVE		D0340	CEPHALOMETRIC FILM
A7041	WATER SEAL DRAINAGE CONTAINER & TUBING		D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES
A7042	IMPLANTED PLEURAL CATHETER EACH		D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE
A7043	VACUUM DRAIN BOTTLE&TUBING USE W/IMPL CATHETER		D0362	CONE BEAM 2-D RECONST EXISTING DATA MULTI IMAGES
A7501	TRACHEOSTOMA VALVE INCLUDING DIAPHRAGM EACH		D0363	CONE BEAM 3-D RECONST EXISTING DATA MULTI IMAGE
A7502	REPL DIAPHRAGM/FCEPLATE TRACHEOSTOMA VALVE EA		D0415	COLLECTION MICROORGANISMS CULTURE & SENSITIVITY
A7503	FLTR HOLDER/CAP REUSBL TRACHEOSTOMA EXCHG SYS EA		D0416	VIRAL CULTURE
A7504	FLTR USE TRACHEOSTOMA HEAT&MOISTR EXCHG SYS EA		D0421	GENETIC TEST FOR SUSCEPTIBILITY TO ORAL DISEASES
A7505	HOUSING REUSABL W/O ADHES EXCHG SYS&/ VALV EA		D0425	CARIES SUSCEPTIBILITY TESTS
A7506	ADHES DISC EXCHG SYS &/ W/TRACHEOSTOMA VALV EA		D0431	ADJUNCTIVE PREDX TST NOT INCL CYTOLOGY/BX PROC
A7507	FLTR HLDR&INTGR FLTR W/O ADHES TRACHEOSTMA EXCHG		D0460	PULP VITALITY TESTS
A7508	HOUS&INTGR ADHES TRACHEOSTOMA EXCHG SYS &/ VALV		D0470	Diagnostic casts
A7509	FLTR HLDR&INTGR FLTR HOUS&ADHES TRACHEOSTOMA		D0472	ACCESSION OF TISSUE GROSS EXAMINATION PREP/REPRT
A7520	TRACHEOST/LARYNGECT TUBE NON-CUFFED POLYVINYLCHL		D0473	ACCESS TISSUE GR&MIC EXAMINATION PREP/REPRT
A7521	TRACHEOST/LARYNGECT TUBE CUFFD PVC SILICONE/= EA		D0474	ACCESS TISS GR&MIC EX ASSESS SURG MARG PREP/RPT
A7522	TRACHEOST/LARYNGECT TUBE STNLESS STEEL/EQUAL EA		D0475	DECALCIFICATION PROCEDURE
A7523	TRACHEOSTOMY SHOWER PROTECTOR EACH		D0476	SPECIAL STAINS FOR MICROORGANISMS
A7524	TRACHEOSTOMA STENT/STUD/BUTTON EACH		D0477	SPECIAL STAINS NOT FOR MICROORGANISMS
A7525	TRACHEOSTOMY MASK EACH		D0478	IMMUNOHISTOCHEMICAL STAINS
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER EACH		D0479	TISSUE INSITU HYBRIDIZATION INCL INTERPRETATION
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH		D0480	ACESS EXFOLIATIVE CYTOL SMEAR MIC EXAM PREP/REPT
A8002	HELMET PROTECTIVE SOFT CUSTOM FAB COMP ACCSSRIES		D0481	ELECTRON MICROSCOPY DIAGNOSTIC
A8003	HELMET PROTECTIVE HARD CUSTOM FAB COMP ACCSSRIES		D0482	DIRECT IMMUNOFLUORESCENCE
A8004	SOFT INTERFACE FOR HELMET REPLACEMENT ONLY		D0483	INDIRECT IMMUNOFLUORESCENCE
A9150	NONPRESCRIPTION DRUG		D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE
A9152	SINGLE VIT/MINERAL/TRACE ELEMENT ORAL-DOSE NOS		D0485	CONSULT INCL PREP SLIDES BX MATL SPL REF SRC
A9153	MX VIT W/WO MINERLS&TRACE ELEMS ORL PER DOSE NOS		D0486	ACCESSION BRUSH BX SAMPLE MIC EXAM PREP/REPRT
A9155	ARTIFICIAL SALIVA		D0502	OTHER ORAL PATHOLOGY PROCEDURES BY REPORT
A9180	PEDICULOSIS TX TOPICAL ADMIN PATIENT/CARETAKER		D0999	UNSPECIFIED DIAGNOSTIC PROCEDURE BY REPORT
A9270	NONCOVERED ITEM OR SERVICE		D1110	PROPHYLAXIS - ADULT
A9274	EXT AMB INSULIN DELIVERY SYS		D1120	PROPHYLAXIS - CHILD
A9275	HOME GLUCOSE DISPBL MONITOR INCLUDES TEST STRIPS		D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT
A9276	DISPOSABLE SENSOR, CGM SYS		D1206	TOP FLUORIDE VARNISH; TX APPL MOD-HI CARIES RISK
A9277	EXTERNAL TRANSMITTER, CGM		D1310	NUTRITIONAL COUNSELING CONTROL OF DENTAL DISEASE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
A9278	EXTERNAL RECEIVER, CGM SYS		D1320	TOBACCO CNSL CONTROL&PREVENTION ORAL DISEASE
A9279	MONITOR FEATURE/DEVC STAND-ALONE/INTEGRATED NOC		D1330	ORAL HYGIENE INSTRUCTIONS
A9280	ALERT OR ALARM DEVICE NOT OTHERWISE CLASSIFIED		D1351	SEALANT - PER TOOTH
A9281	REACHING/GRABBING DEVICE ANY TYPE ANY LENGTH EA		D1510	SPACE MAINTAINER - FIXED-UNILATERAL
A9282	WIG ANY TYPE EACH		D1515	SPACE MAINTAINER - FIXED-BILATERAL
A9283	FOOT PRESS OFF LOAD SUPP DEV		D1520	SPACE MAINTAINER - REMOVABLE-UNILATERAL
A9300	Exercise equipment		D1525	SPACE MAINTAINER - REMOVABLE-BILATERAL
A9501	TECHNETIUM TC-99M TEBOROXIME		D1550	RECEMENTATION OF SPACE MAINTAINER
A9509	IODINE I-123 SOD IODIDE MIL		D1555	REMOVAL OF FIXED SPACE MAINTAINER
A9512	TECHNETIUM TC-99M PERTCHNETATE DX PER MILLICURIE		D2140	AMALGAM-ONE SURFACE PRIMARY OR PERMANENT
A9526	NITROGEN N-13 AMMONIA DX STDY DOSE UP TO 40 MCI		D2150	AMALGAM-TWO SURFACES PRIMARY OR PERMANENT
A9527	IODINE I-125 SODIUM IODIDE SOL TX PER MCI		D2160	AMALGAM-THREE SURFACES PRIMARY OR PERMANENT
A9529	IODINE I-131 SODIUM IODIDE SOLIODINE I-131 SODIU		D2161	AMALGAM-FOUR/MORE SURFACES PRIMARY/PERMANENT
A9530	IODINE I-131 SODIUM IODIDE SOLUTION TX PER MCI		D2330	RESIN-BASED COMPOSITE - ONE SURFACE ANTERIOR
A9531	IODINE I-131 SODIM IODIDE DX TO 100 MICROCURIE		D2331	RESIN-BASED COMPOSITE - TWO SURFACES ANTERIOR
A9532	IODINE I-125 SERUM ALBUMIN DX PER 5 MICROCURIES		D2332	RESIN-BASED COMPOSITE - THREE SURFACES ANTERIOR
A9546	COBALT CO-57/58 CYANOCOBALAMN DX TO 1 MICROCURIE		D2335	RESIN COMPOS - 4/MORE SURFACES/INVLV INCISAL ANG
A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE DX TO 25 MCI		D2390	RESIN-BASED COMPOSITE CROWN ANTERIOR
A9555	RUBIDIUM RB-82 DX PER STUDY DOSE UP TO 60 MCI		D2391	RESIN-BASED COMPOSITE - ONE SURFACE POSTERIOR
A9568	TECHTM TC-99M ARCITUMOMAB DX STDY DOSE TO 45 MCI		D2392	RESIN-BASED COMPOSITE - TWO SURFACES POSTERIOR
A9569	TECHNETIUM TC-99M AUTO WBC		D2393	RESIN-BASED COMPOSITE - THREE SURFACES POSTERIOR
A9570	INDIUM IN-111 AUTO WBC		D2394	RESIN COMPOS - FOUR OR MORE SURFACES POSTERIOR
A9571	OMDOI, OM-111 AUTO PLATELET		D2410	GOLD FOIL - ONE SURFACE
A9572	INDIUM IN-111 PENTETREOTIDE		D2420	GOLD FOIL - TWO SURFACES
A9576	INJ PROHANCE MULTIPACK		D2430	GOLD FOIL - THREE SURFACES
A9577	INJ MULTIHANCE		D2510	INLAY - METALLIC - ONE SURFACE
A9578	INJ MULTIHANCE MULTIPACK		D2520	INLAY - METALLIC - TWO SURFACES
A9579	GAD BASE MR CONTRAST NOS, 1ML		D2530	INLAY - METALLIC - THREE OR MORE SURFACES
A9698	NON-RADIOACTV CONTRST IMAG MATERIAL NOC PER STDY		D2542	ONLAY - METALLIC - TWO SURFACES
A9699	RADIOPHARMACEUTICAL THERAPEUTIC NOC		D2543	ONLAY METALLIC THREE SURFACES
A9700	SUP OF INJ CONTRST MAT-ECHO P/STUDY		D2544	ONLAY METALLIC FOUR OR MORE SURFACES
A9900	DME SUP/ACCESS/SRV-COMPON/OTH HCPCS		D2610	INLAY - PORCELAIN/CERAMIC - ONE SURFACE
A9901	DME DEL SET UP&/DISPNS SRVC CMPNT ANOTH HCPCS		D2620	INLAY - PORCELAIN/CERAMIC - TWO SURFACES
A9999	MISCELLANEOUS DME SUPPLY OR ACCESSORY NOS		D2630	INLAY - PORCELAIN/CERAMIC - THREE/MORE SURFACES
B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY		D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES
B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY		D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES
B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY		D2644	ONLAY - PORCELAIN/CERAMIC - 4 OR MORE SURFACES
B4081	NASOGASTRIC TUBING WITH STYLET		D2650	INLAY - RESIN COMPOS COMPOSITE/RESIN - 1 SURFACE
B4082	NASOGASTRIC TUBING WITHOUT STYLET		D2651	INLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES
B4083	STOMACH TUBE - LEVINE TYPE		D2652	INLAY - RSN COMPOS COMPOS/RSN - 3/MORE SURFACES

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
B4086	GASTROSTOMY / J-TUBE ANY MATERIAL ANY TYPE EACH		D2662	ONLAY - RESIN COMPOS COMPOS/RESIN - 2 SURFACES
B4100	FOOD THICKENER ADMINISTERED ORALLY PER OUNCE		D2663	ONLAY - RESIN COMPOS COMPOS/RESIN - 3 SURFACES
B4102	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U		D2664	ONLAY - RSN COMPOS COMPOS/RSN - 4/MORE SURFACES
B4103	ENTRAL FORMULA PED REPL FLS&LYTES 500 ML = 1 U		D2710	CROWN RESINBASED COMPOSITE INDIRECT
B4104	ADDITIVE FOR ENTERAL FORMULA		D2712	CROWN 3/4 RESINBASED COMPOSITE INDIRECT
B4149	ENTRAL F MANF BLNDRIZD NAT FOODS W/NUTRIENTS		D2720	CROWN - RESIN WITH HIGH NOBLE METAL
B4150	ENTRAL F NUTRITIONALLY CMPL W/INTACT NUTRIENTS		D2721	CROWN - RESIN WITH PREDOMINANTLY BASE METAL
B4152	ENTRAL F NUTRITION CMPL CAL DENSE INTACT NUTRNTS		D2722	CROWN - RESIN WITH NOBLE METAL
B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS		D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE
B4154	ENTRAL F NUTRITION CMPL NO INHERITED DZ METAB		D2750	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
B4155	ENTRAL F NUTRITIONALLY INCMPL/MODULAR NUTRIENTS		D2751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL
B4157	ENTRAL F NUTRITION CMPL INHERITED DZ METAB		D2752	CROWN - PORCELAIN FUSED TO NOBLE METAL
B4158	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS		D2780	CROWN - 3/4 CAST HIGH NOBLE METAL
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS		D2781	CROWN - 3/4 CAST PREDOMINATELY BASE METAL
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS		D2782	CROWN - 3/4 CAST NOBLE METAL
B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS		D2783	CROWN - 3/4 PORCELAIN/CERAMIC
B4162	ENTRAL F PED SPCL METAB NEEDS INHERITED DZ METAB		D2790	CROWN - FULL CAST HIGH NOBLE METAL
B4164	PARNTRAL NUTRITION SOL; CARBS 50%/LESS - HOM MIX		D2791	CROWN - FULL CAST PREDOMINANTLY BASE METAL
B4168	PARNTRAL NUTRITION SOL; AMINO ACID 3.5% -HOM MIX		D2792	CROWN - FULL CAST NOBLE METAL
B4172	PARNTRAL NUT SOL; AMINO ACID 5.5 THRU 7%-HOM MIX		D2794	CROWN TITANIUM
B4176	PARNTRAL NUT SOL; AMINO ACID 7 THRU 8.5%-HOM MIX		D2799	PROVISIONAL CROWN
B4178	PARNTRAL NUTRIT SOL; AMINO ACID > 85% - HOM MIX		D2910	RECEMENT INLAY ONLAY/PART COVERAGE RESTORATION
B4180	PARNTRAL NUTRITION SOL; CARBS > 50% - HOME MIX		D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE
B4185	PARENTERAL NUTRITION SOL PER 10 GRAMS LIPIDS		D2920	RECEMENT CROWN
B4189	PARNTRAL NUT SOL; AMINO ACID&CARB 10-51 GMS PROT		D2930	PREFABR STAINLESS STEEL CROWN - PRIMARY TOOTH
B4193	PARNTRAL NUT SOL; AMINO ACID&CARB 52-73 GMS PROT		D2931	PREFABR STAINLESS STEEL CROWN - PERMANENT TOOTH
B4197	PARNTRAL NUT SOL; AMINO ACID&CARB 74-100 GM PROT		D2932	Prefabricated resin crown
B4199	PARNTRAL NUT SOL; AMINO ACID&CARB > 100 GMS PPAR		D2933	PREFABR STAINLESS STEEL CROWN W/RESIN WINDOW
B4216	PARNTRAL NUTRITION; ADDITIVES - HOME MIX PER DAY		D2934	PREFAB ESTHETIC COAT STNLESS STEEL CROWN PRIM
B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY		D2940	SEDATIVE FILLING
B4222	PARNTRAL NUTRITION SUPPLY KIT; HOME MIX PER DAY		D2950	CORE BUILDUP INCLUDING ANY PINS
B4224	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY		D2951	PIN RETENTION - PER TOOTH ADDITION RESTORATION
B5000	PARNTRAL NUT SOL; AMINO ACID&CARBS RENL-AMIROSYN		D2952	POST AND CORE ADDITION TO CROWN INDIRECTLY FAB
B5100	PARNTRAL NUT SOL; AMINO ACID&CARBS HEP-FREAMINE		D2953	EACH ADDITIONAL INDIRECTLY FAB POST SAME TOOTH
B5200	PARNTRAL NUT SOL; AMINO ACID&CARB STRSS-BR CHAIN		D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
B9004	PARENTERAL NUTRITION INFUSION PUMP PORTABLE		D2955	Post removal
B9006	PARENTERAL NUTRITION INFUSION PUMP STATIONARY		D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH
B9998	NOC FOR ENTERAL SUPPLIES		D2960	LABIAL VENEER - CHAIRSIDE
B9999	NOC FOR PARENTERAL SUPPLIES		D2961	LABIAL VENEER - LABORATORY
C1300	HYPRBR O2 UND PRSS FULL BDY CHAMB-30 MIN INTRVL		D2962	LABIAL VENEER - LABORATORY

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
C1713	ANCHOR/SCREW OPPOSING BN-TO-BN/SOFT TISSUE-TO-BN		D2971	ADD PROC NEW CRWN UND XSTING PART DENTUR FRMEWRK
C1714	CATHETER TRANSLUMINAL ATHERECTOMY DIRECTIONAL		D2975	COPING
C1715	BRACHYTHERAPY NEEDLE		D2980	CROWN REPAIR BY REPORT
C1716	BRACHYTHERAPY NONSTRANDED GOLD-198 PER SOURCE		D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT
C1717	BRACHYTX NONSTRANDED HI DOSE IRIDIUM-192 PER SRC		D3110	PULP CAP - DIRECT
C1721	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER		D3120	PULP CAP - INDIRECT
C1722	CARDIOVERTER-DEFIBRILLATOR SINGLE CHAMBER		D3220	TX PULP-REMV PULP CORONAL DENTINOCEMENTL JUNC
C1724	CATHETER TRANSLUMINAL ATHERECTOMY ROTATIONAL		D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH
C1725	CATHETER TRANSLUMINAL ANGIOPLASTY NON-LASER		D3230	PULPAL THERAPY - ANTERIOR PRIMARY TOOTH
C1726	CATHETER BALLOON DILATATION NON-VASCULAR		D3240	PULPAL THERAPY - POSTERIOR PRIMARY TOOTH
C1727	CATHETER BALLOON TISSUE DISSECTOR NON-VASCULAR		D3310	Anterior
C1728	CATHETER BRACHYTHERAPY SEED ADMINISTRATION		D3320	BICUSPID
C1729	CATHETER DRAINAGE		D3330	MOLAR
C1730	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 19/<		D3331	TREATMENT RC OBSTRUCTION; NON-SURGICAL ACCESS
C1731	CATH ELECTROPHYSIOLOGY DX OTH THAN 3D MAP 20/>		D3332	INCOMPLETE ENDO TX; INOP UNRESTORABLE/FX TOOTH
C1732	CATH ELECTROPHYSIOLOGY DX/ABLAT 3D/VECTOR MAP		D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS
C1733	CATH EP DX/ABLAT NOT 3D/VECTOR MAP NOT COOL-TIP		D3346	RETREATMENT PREVIOUS RC THERAPY - ANTERIOR
C1750	CATHETER HEMODIAL/PERITONEAL LONG-TERM		D3347	RETREATMENT PREVIOUS RC THERAPY - BICUSPID
C1751	CATHETER INFUS INSRT PERIPHERALLY CNTRLLY/MIDLN		D3348	RETREATMENT PREVIOUS ROOT CANAL THERAPY - MOLAR
C1752	CATHETER HEMODIALYSIS SHORT-TERM		D3351	APEXIFICATION/RECALCIFICATION - INITIAL VISIT
C1753	CATHETER INTRAVASCULAR ULTRASOUND		D3352	APEXIFICAT/RECALCIFICAT - INTERIM MEDREPL
C1754	CATHETER INTRADISCAL		D3353	APEXIFICATION/RECALCIFICATION - FINAL VISIT
C1755	CATHETER INTRASPINAL		D3410	APICOECTOMY/PERIRADICULAR SURGERY - ANTERIOR
C1756	CATHETER PACING TRANSESOPHAGEAL		D3421	APICOECTOMY/PERIRADICULAR SURGERY - BICUSPID
C1757	CATHETER THROMBECTOMY/EMBOLECTOMY		D3425	APICOECTOMY/PERIRADICULAR SURGERY - MOLAR
C1758	CATHETER URETERAL		D3426	APICOECTOMY/PERIRADICULAR SURGERY
C1759	CATHETER INTRACARDIAC ECHOCARDIOGRAPHY		D3430	RETROGRADE FILLING - PER ROOT
C1760	CLOSURE DEVICE VASCULAR		D3450	ROOT AMPUTATION - PER ROOT
C1762	CONNECTIVE TISSUE HUMAN		D3460	ENDODONTIC ENDOSSEOUS IMPLANT
C1763	CONNECTIVE TISSUE NON-HUMAN		D3470	INTENTIONAL REIMPLANTATION
C1764	EVENT RECORDER CARDIAC		D3910	SURGICAL PROCEDURE ISOLATION TOOTH W/RUBBER DAM
C1765	ADHESION BARRIER		D3920	HEMISECTION NOT INCLUDING ROOT CANAL THERAPY
C1766	INTRDUCR/SHEATH GUID INTRACARD EP NOT PEEL-AWAY		D3950	CANAL PREPARATION&FITTING PREFORMED DOWEL/POST
C1767	GENERATOR NEUROSTIMULATOR NONRECHARGEABLE		D3999	UNSPECIFIED ENDODONTIC PROCEDURE BY REPORT
C1768	GRAFT VASCULAR		D4210	GINGIVECT/PLSTY 4/>CNTIG/BOUND TEETH SPACES-QUAD
C1769	GUIDE WIRE		D4211	GINGIVECT/PLSTY 1-3 CNTIG/BOUND TEETH SPACE-QUAD
C1770	IMAGING COIL MAGNETIC RESONANCE		D4230	ANAT CROWN EXP 4/> CONTIGUOUS TEETH PER QUAD
C1771	REPAIR DEVICE URINARY INCONTINENCE W/SLING GRAFT		D4231	ANATOMICAL CROWN EXPOSURE 1-3 TEETH PER QUADRANT
C1772	INFUSION PUMP PROGRAMMABLE		D4240	GINGL FLP PROC 4/> CONTIG/BOUND TEETH SPACE-QUAD
C1773	RETRIEVAL DEVICE INSERTABLE		D4241	GINGL FLP PROC 1-3 CONTIG/BOUND TEETH SPACE-QUAD

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
C1776	JOINT DEVICE		D4245	APICALLY POSITIONED FLAP
C1777	LEAD CARDIOVERT-DEFIB ENDOCARDIAL SINGLE COIL		D4249	CLINICAL CROWN LENGTHENING - HARD TISSUE
C1778	LEAD NEUROSTIMULATOR		D4260	OSSEOUS SURG 4/> CONTIG/BOUND TEETH SPACES-QUAD
C1779	LEAD PACEMAKER TRANSVENOUS VDD SINGLE PASS		D4263	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT
C1780	LENS INTRAOCULAR		D4264	BONE REPLACEMENT GRAFT - EA ADD SITE QUADRANT
C1781	MESH		D4265	BIOLOGIC MATERIALS AID SOFT&OSSEOUS TISSUE REGEN
C1782	MORCELLATOR		D4266	GUID TISSUE REGEN - RESORBABLE BARRIER PER SITE
C1783	OCULAR IMPLANT AQUEOUS DRAINAGE ASSIST DEVICE		D4267	GUID TISSUE REGEN - NONRESORB BARRIER PER SITE
C1784	OCULAR DEVICE INTRAOPERATIVE DETACHED RETINA		D4268	SURGICAL REVISION PROCEDURE PER TOOTH
C1785	PACEMAKER DUAL CHAMBER RATE-RESPONSIVE		D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE
C1786	PACEMAKER SINGLE CHAMBER RATE-RESPONSIVE		D4271	FREE SOFT TISSUE GRAFT PROCEDURE
C1787	PATIENT PROGPATIENT PROGRAMMER NEUROSTIMULATOR		D4273	SUBEPITHEL CONECTIVE TISSUE GRAFT PROC PER TOOTH
C1788	PORT INDWELLING		D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE
C1789	PROSTHESIS BREAST		D4275	SOFT TISSUE ALLOGRAFT
C1813	PROSTHESIS PENILE INFLATABLE		D4276	COMB CNCTIVE TISSUE&DBL PEDICLE GRAFT PER TOOTH
C1814	RETINAL TAMPONADE DEVICE SILICONE OIL		D4320	PROVISIONAL SPLINTING - INTRACORONAL
C1815	PROSTHESIS URINARY SPHINCTER		D4321	PROVISIONAL SPLINTING - EXTRACORONAL
C1816	RECEIVER AND/OR TRANSMITTER NEUROSTIMULATOR		D4341	PRDONTAL SCALING&ROOT PLANING 4/MORE TEETH-QUAD
C1817	SEPTAL DEFECT IMPLANT SYSTEM INTRACARDIAC		D4342	PRDONTAL SCALING&ROOT PLANING 1-3 TEETH-QUAD
C1818	INTEGRATED KERATOPROSTHESIS		D4355	FULL MOUTH DEBRID ENABLE COMP EVALUATION&DX
C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE		D4381	LOC DEL ANTIMICROBL AGTS CREVICULR TISS TOOTH BR
C1820	GENERATOR NEUROSTIM W/RECHARG BATT & CHRGING SYS		D4910	PERIODONTAL MAINTENANCE
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE IMPL		D4920	Unscheduled dressing change
C1874	STENT COATED/COVERED WITH DELIVERY SYSTEM		D4999	UNSPECIFIED PERIODONTAL PROCEDURE BY REPORT
C1875	STENT COATED/COVERED WITHOUT DELIVERY SYSTEM		D5110	COMPLETE DENTURE - MAXILLARY
C1876	STENT NON-COATED/NON-COVERED W/DELIVERY SYSTEM		D5120	COMPLETE DENTURE - MANDIBULAR
C1877	STENT NON-COATED/NON-COVR WITHOUT DELIV SYSTEM		D5130	IMMEDIATE DENTURE - MAXILLARY
C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION SYNTHETIC		D5140	IMMEDIATE DENTURE - MANDIBULAR
C1879	TISSUE MARKER		D5211	MAXILLARY PARTIAL DENTURE - RESIN BASE
C1880	VENA CAVA FILTER		D5212	MANDIBULAR PARTIAL DENTURE - RESIN BASE
C1881	DIALYSIS ACCESS SYSTEM		D5213	MAX PART DENTUR-CAST METL FRMEWRK W/RSN BASE
C1882	CARDIOVERT-DEFIB OTH THAN SINGLE/DUAL CHAMB		D5214	MAND PART DENTUR- CAST METL FRMEWRK W/RSN BASE
C1883	ADAPTOR/EXT PACING LEAD/NEUROSTIMULATOR LEAD		D5225	MAXILLARY PARTIAL DENTRUE FLEXIBLE BASE
C1884	EMBOLIZATION PROTECTIVE SYSTEM		D5226	MANDIBULAR PARTIAL DENTURE FLEXIBLE BASE
C1885	CATHETER TRANSLUMINAL ANGIOPLASTY LASER		D5281	REMV UNILAT PART DENTUR - 1 PIECE CAST METAL
C1887	CATHETER GUIDING		D5410	ADJUST COMPLETE DENTURE - MAXILLARY
C1888	CATHETER ABLATION NON-CARDIAC ENDOVASCULAR		D5411	ADJUST COMPLETE DENTURE - MANDIBULAR
C1891	INFUSION PUMP NON-PROGRAMMABLE PERMANENT		D5421	ADJUST PARTIAL DENTURE - MAXILLARY
C1892	INTRDUCR/SHEATH INTRCARD EP FIX-CURVE PEEL-AWAY		D5422	ADJUST PARTIAL DENTURE - MANDIBULAR
C1893	INTRDUCR/SHEATH INTRCARD EP CURVE NOT PEEL-AWAY		D5510	REPAIR BROKEN COMPLETE DENTURE BASE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
C1894	INTRDUCR/SHEATH NOT GUID INTRACARD EP NON-LASR		D5520	REPLACE MISSING/BROKEN TEETH - COMPLETE DENTURE
D9450	CASE PRESENTATION DETAILED&EXTENSIVE TX PLANNING		D5610	REPAIR RESIN DENTURE BASE
D9610	THERAPEUTIC PARENTERAL DRUG SINGL ADMINISTRATION		D5620	REPAIR CAST FRAMEWORK
D9612	TX PARENTERAL DRUGS 2/> ADMINISTRATIONS DIFF MED		D5630	REPAIR OR REPLACE BROKEN CLASP
D9630	OTHER DRUGS AND/OR MEDICAMENTS BY REPORT		D5640	REPLACE BROKEN TEETH - PER TOOTH
D9910	APPLICATION OF DESENSITIZING MEDICAMENT		D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE
D9911	APPLIC DESENZT RSN CERV &OR ROOT SURF-TOOTH		D5660	ADD CLASP TO EXISTING PARTIAL DENTURE
D9920	BEHAVIOR MANAGEMENT BY REPORT		D5670	REPLACE ALL TEETH&ACRYLIC CAST METAL FRMEWRK MAX
D9930	TX COMPLICATIONS - UNUSUAL CIRCUMSTANCES REPORT		D5671	REPLACE ALL TEETH&ACRYLIC CAST METL FRMEWRK MAND
D9940	OCCLUSAL GUARD BY REPORT		D5710	REBASE COMPLETE MAXILLARY DENTURE
D9941	FABRICATION OF ATHLETIC MOUTHGUARD		D5711	REBASE COMPLETE MANDIBULAR DENTURE
D9942	REPAIR AND/OR RELINE OF OCCLUSAL GUARD		D5720	REBASE MAXILLARY PARTIAL DENTURE
D9950	OCCLUSION ANALYSIS - MOUNTED CASE		D5721	REBASE MANDIBULAR PARTIAL DENTURE
D9951	OCCLUSAL ADJUSTMENT - LIMITED		D5730	RELINE COMPLETE MAXILLARY DENTURE CHAIRSIDE
D9952	OCCLUSAL ADJUSTMENT - COMPLETE		D5731	RELINE COMPLETE MANDIBULAR DENTURE CHAIRSIDE
D9970	Enamel microabrasion		D5740	RELINE MAXILLARY PARTIAL DENTURE CHAIRSIDE
D9971	ODONTOPLASTY 1-2 TEETH; INCL REMOVAL ENAMEL PROJ		D5741	RELINE MANDIBULAR PARTIAL DENTURE CHAIRSIDE
D9972	EXTERNAL BLEACHING - PER ARCH		D5750	RELINE COMPLETE MAXILLARY DENTURE LABORATORY
D9973	EXTERNAL BLEACHING - PER TOOTH		D5751	RELINE COMPLETE MANDIBULAR DENTRUE LABORATORY
D9974	INTERNAL BLEACHING - PER TOOTH		D5760	RELINE MAXILLARY PARTIAL DENTURE LABORATORY
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE BY REPORT		D5761	RELINE MANDIBULAR PARTIAL DENTURE LABORATORY
E0111	CRTCH FORARM VARIOUS MATL EA W/TIP&HNDGRIP		D5810	INTERIM COMPLETE DENTURE MAXILLARY
E0113	CRTCH UNDARM WOOD EA ADJSTBL/FIX PAD TIP&HNDGRIP		D5811	INTERIM COMPLETE DENTURE MANDIBULAR
E0116	CRTCH UNDARM NOT WOOD ADJUST/FIX PAD TIP HNDGRIP		D5820	INTERIM PARTIAL DENTURE MAXILLARY
E0118	CRUTCH SUBST LOWER LEG PLATFORM W/WO WHEELS EA		D5821	INTERIM PARTIAL DENTURE MANDIBULAR
E0160	SITZ TYPE BATH/EQP PRTBLE USED W/WO COMMODE		D5850	TISSUE CONDITIONING MAXILLARY
E0161	SITZ TYPE BATH/EQP PRTBLE USED W/FAUCET ATTCHS		D5851	TISSUE CONDITIONING MANDIBULAR
E0162	Sitz bath chair		D5860	OVERDENTURE - COMPLETE BY REPORT
E0172	SEAT LIFT MECH PLACED OVER/TOP TOILET ANY TYPE		D5861	OVERDENTURE - PARTIAL BY REPORT
E0175	FOOT REST FOR USE WITH COMMODE CHAIR EACH		D5862	PRECISION ATTACHMENT BY REPORT
E0190	POSITIONING CUSH/PILLOW/WEDGE INCL ALL COMPONENT		D5867	REPLACEMENT REPL PART SEMI-PRCISN/PRCISN ATTCH
E0191	HEEL OR ELBOW PROTECTOR EACH		D5875	MODIFICATION REMV PROSTH FOLLOW IMPLANT SURGERY
E0193	Powered air flotation bed		D5899	UNS REMOVABLE PROSTHODONTIC PROCEDURE REPORT
E0194	Air fluidized bed		D5911	Facial moulage sectional
E0200	HEAT LAMP W/O STAND INCL BULB/INFRARED ELEMENT		D5912	Facial moulage complete
E0202	PHOTOTHERAPY LIGHT WITH PHOTOMETER		D5913	Nasal prosthesis
E0203	THERAPEUTIC LGHTBOX MINI 10000 LUX TABL TOP MDL		D5914	Auricular prosthesis
E0205	HEAT LAMP W/STAND INCLUDES BULB/INFRARED ELEMENT		D5915	Orbital prosthesis
E0215	Electric heat pad moist		D5916	Ocular prosthesis
E0217	WATER CIRCULATING HEAT PAD WITH PUMP		D5919	Facial prosthesis

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E0218	WATER CIRCULATING COLD PAD WITH PUMP		D5922	Nasal septal prosthesis
E0220	Hot water bottle		D5923	Ocular prosthesis interim
E0221	INFRARED HEATING PAD SYSTEM		D5924	Cranial prosthesis
E0225	HYDROCOLLATOR UNIT INCLUDES PADS		D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS
E0230	Ice cap or collar		D5926	NASAL PROSTHESIS REPLACEMENT
E0231	NON-CNTC WND WARMING DEVC W/WARMING CARD&COVR		D5927	AURICULAR PROSTHESIS REPLACEMENT
E0232	WOUND WARMING WOUND COVER		D5928	ORBITAL PROSTHESIS REPLACEMENT
E0235	Paraffin bath unit portable		D5929	FACIAL PROSTHESIS REPLACEMENT
E0236	PUMP FOR WATER CIRCULATING PAD		D5931	OBTURATOR PROSTHESIS SURGICAL
E0238	NONELECTRIC HEAT PAD MOIST		D5932	OBTURATOR PROSTHESIS DEFINITIVE
E0239	Hydrocollator unit portable		D5933	OBTURATOR PROSTHESIS MODIFICATION
E0240	BATH/SHOWER CHAIR W/WO WHEELS ANY SIZE		D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE
E0242	BATHTUB RAIL FLOOR BASE		D5935	MANDIBULAR RESECTION PROSTHESIS W/O GUIDE FLANGE
E0248	TRNSF BENCH HEVY DUTY TUB/TOILET W/WO COMMODE OP		D5936	OBTURATOR/PROSTHESIS INTERIM
E0249	PAD FOR WATER CIRCULATING HEAT UNIT		D5937	TRISMUS APPLIANCE NOT TMD TX
E0250	HOSP BED FIX HT W/ANY TYPE SIDE RAILS W/MATTRSS		D5951	Feeding aid
E0251	HOSP BED FIX HT W/ANY TYPE SIDE RAIL W/O MATTRSS		D5952	SPEECH AID PROSTHESIS PEDIATRIC
E0255	HOS BED VARIBL HT W/ANY TYPE SIDE RAIL W/MATTRSS		D5953	SPEECH AID PROSTHESIS ADULT
E0256	HOS BED VARIBL HT ANY TYPE SIDE RAIL W/O MATTRSS		D5954	PALATAL AUGMENTATION PROSTHESIS
E0260	HOS BED SEMI-ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		D5955	PALATAL LIFT PROSTHESIS DEFINITIVE
E0261	HOS BED SEMI-ELEC ANY TYPE SIDE RAIL W/O MATTRSS		D5958	PALATAL LIFT PROSTHESIS INTERIM
E0265	HOSP BED TOT ELEC W/ANY TYPE SIDE RAIL W/MATTRSS		D5959	PALATAL LIFT PROSTHESIS MODIFICATION
E0266	HOS BED TOT ELEC ANY TYPE SIDE RAIL W/O MATTRSS		D5960	SPEECH AID PROSTHESIS MODIFICATION
E0270	HOSP BED INSTITUTIONAL TYPE: W/MATTRSS		D5982	Surgical stent
E0273	Bed board		D5983	RADIATION CARRIER
E0274	Over-bed table		D5984	Radiation shield
E0275	BED PAN STANDARD METAL OR PLASTIC		D5985	Radiation cone locator
E0276	BED PAN FRACTURE METAL OR PLASTIC		D5986	FLUORIDE GEL CARRIER
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS		D5987	Commissure splint
E0280	BED CRADLE ANY TYPE		D5988	Surgical splint
E0290	HOSPITAL BED FIX HT WITHOUT SIDE RAILS W/MATTRSS		D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY REPORT
E0292	HOSP BED VARIBL HT HI-LO W/O SIDE RAIL W/MATTRSS		D6010	SURG PLACEMENT IMPLANT BODY: ENDOSTEAL IMPLANT
E0294	HOSPITAL BED SEMI-ELEC W/O SIDE RAILS W/MATTRSS		D6012	SURG PLCMT INTERIM IMPL TRNSITIONL PROS: ENDOS
E0296	HOSPITAL BED TOTAL ELEC W/O SIDE RAILS W/MATTRSS		D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT
E0301	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS		D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT
E0302	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTTRSS		D6053	IMPL/ABUT SUPP REMV DENTUR CMPL EDNTULS ARCH
E0315	BED ACCESS: BOARD TABLE/SUPPORT DEVICE ANY TYPE		D6054	IMPL/ABUT SUPP REMV DENTUR PART EDNTULS ARCH
E0325	URINAL; MALE JUG-TYPE ANY MATERIAL		D6055	DENTAL IMPLANT SUPPORTED CONNECTING BAR
E0326	URINAL; FEMALE JUG-TYPE ANY MATERIAL		D6056	PREFABRICATED ABUTMENT INCLUDES PLACEMENT
E0370	AIR PRESSURE ELEVATOR FOR HEEL		D6057	CUSTOM ABUTMENT INCLUDES PLACEMENT

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E0371	NONPWR ADV PRSS RDUC OVRLAY MATTRSS STD LEN&WDTH		D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN
E0372	PWR AIR OVRLAY MATTRSS STD MATTRSS LENGTH&WIDTH		D6059	ABUT SUPP PORCELAIN TO METL CROWN HI NOBLE METL
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS		D6060	ABUT SUPP PORCELAIN TO MTL CROWN PREDOM BASE MTL
E0424	STATION COMPRS GASOUS O2 SYS RENT;FLWMTR HUMIDFR		D6061	ABUT SUPP PORCELAIN TO METAL CROWN NOBLE METAL
E0425	STATION COMPRS GAS SYS PURCH; FLWMTR HUMIDFR NEB		D6062	ABUTMENT SUPP CAST METAL CROWN HIGH NOBLE METAL
E0430	PRTBLE GASEOUS O2 SYS PURCH; FLWMTR HUMIDFR&MASK		D6063	ABUTMENT SUPP CAST METAL CROWN PREDOM BASE METAL
E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK		D6064	ABUTMENT SUPP CAST METAL CROWN NOBLE METAL
E0434	PRTBLE LQD O2 SYS RENT; RESRVOR HUMIDFR FLWMTR		D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
E0435	PRTBLE LQD O2 SYS PURCH; RESRVOR FLWMTR HUMIDFR		D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN
E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR		D6067	IMPLANT SUPPORTED METAL CROWN
E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR		D6068	ABUT SUPPORTED RETAINER PORCELAIN/CERAMIC FPD
E0443	PORTABLE OXYGEN CONTENTS GASEOUS 1 MO SUPPLY=1 U		D6069	ABUT RETAINR PORCELN TO METL FPD HI NOBL METL
E0444	PORTABLE OXYGEN CONTENTS LIQUID 1 MO SUPPLY =1 U		D6070	ABUT RETN PORCELN TO METL FPD PREDOM BASE METL
E0445	OXIMETER DEVICE MSR BLD O2 LEVLS NON-INVASV		D6071	ABUT SUPPORTED RETAINER PORCELN FUSED METAL FPD
E0455	OXYGEN TENT EXCLUDING CROUP OR PEDIATRIC TENTS		D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD
E0457	Chest shell		D6073	ABUT RETAINR CAST METL FPD PREDOM BASE METL
E0459	Chest wrap		D6074	ABUTMENT RETAINR CAST METAL FPD NOBLE METAL
E0460	NEG PRESSURE VENTILATOR; PORTABLE/STATIONARY		D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD
E0461	VOL CNTRL VENT W/O PRSSUR SUPP NONINVASV INTRFCE		D6076	IMPLANT SUPPORTED RETAIN PORCELN FUSED METAL FPD
E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS		D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD
E0463	PRSSURE SUPP VENT W/VOL CNTRL INVASV INTERFCE		D6078	IMPLNT/ABUT SUPP FIXED DENTURE CMPL ENDENT ARCH
E0464	PRSSURE SUPP VENT W/VOL CNTRL NONINVASV INTERFCE		D6079	IMPL/ABUT SUPPORTED FIX DENTUR PART EDNTULS ARCH
E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP		D6080	IMPL MAINT PROC REMV CLEANS PROSTH&ABUTS REINS
E0472	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACKUP		D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT
E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES		D6091	REPL ATTACHMNT IMPL/ABUT SUPP PROS PER ATTACHMNT
E0483	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA		D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN
E0485	ORL DEVC/APPL RDUC UP ARWAY COLLAPSIBILITY PRFAB		D6093	RECEMENT IMPL/ABUTMNT SUPPORTED FIX PART DENTURE
E0486	ORL DEVC/APPL RDUC UP AIRWAY COLLAPSIBILITY CSTM		D6094	ABUTMENT SUPPORTED CROWN TITANIUM
E0500	IPPB MACH W/BUILT-IN NEBULIZATION; VALVS; PWR		D6095	REPAIR IMPLANT ABUTMENT BY REPORT
E0550	HUMDIFIR DURBLE EXT SUPLMNTL DUR IPPB TX/O2 DEL		D6100	IMPLANT REMOVAL BY REPORT
E0555	HUMDIFIR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		D6190	RADIOGRAPHIC/SURGICAL IMPLANT INDEX BY REPORT
E0560	HUMDIFIR DURABLE SUPLMNTL DUR IPPB TX/O2 DEL		D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD
E0571	AROSL COMPRS BATTRY PWR USE W/SM VOLUME NEBULIZR		D6199	UNSPECIFIED IMPLANT PROCEDURE BY REPORT
E0572	AROSL COMPRS ADJSTBL PRSS LGHT DUTY INTERMIT USE		D6205	PONTIC INDIRECT RESIN BASED COMPOSITE
E0574	ULTRASONIC/ELEC AROSL GEN W/SMALL VOLUME NEB		D6210	PONTIC - CAST HIGH NOBLE METAL
E0575	NEBULIZER ULTRASONIC LARGE VOLUME		D6211	PONTIC - CAST PREDOMINANTLY BASE METAL
E0580	NEBULIZR DURABLE GLASS/AUTOCLAVABLE PLSTC BOTTLE		D6212	PONTIC - CAST NOBLE METAL
E0585	NEBULIZER WITH COMPRESSOR AND HEATER		D6214	PONTIC TITANIUM
E0604	BREAST PUMP HEVY DUTY HOSP GRADE PISTON OP		D6240	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL
E0605	Vaporizer room type		D6241	PONTIC - PORCELN FUSED PREDOMINANTLY BASE METAL

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E0606	POSTURAL DRAINAGE BOARD		D6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL
E0610	PACEMKR MON CHECKS BATTRY DEPLET W/AUDIBL&VISIBL		D6245	PONTIC - PORCELAIN/CERAMIC
E0615	PACEMKR MON CHECKS BATTRY DEPLET W/DIGTL/VISIBL		D6250	PONTIC - RESIN WITH HIGH NOBLE METAL
E0616	IMPL CARD EVENT RECORDR W/MEM ACTIVATOR&PROGMMER		D6251	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL
E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY		D6252	PONTIC - RESIN WITH NOBLE METAL
E0618	APNEA MONITOR WITHOUT RECORDING FEATURE		D6253	PROVISIONAL PONTIC
E0619	APNEA MONITOR WITH RECORDING FEATURE		D6545	RETAINER - CAST METAL RESIN BONDED FIX PROSTH
E0620	SKIN PIERCING DEVICE CLCT CAPILLARY BLD LASER EA		D6548	RETAINER - PORCELN/CERAMIC RSN BONDED FIX PROSTH
E0625	PATIENT LIFT BATHROOM OR TOILET NOC		D6600	INLAY-PORCELAIN/CERAMIC TWO SURFACES
E0627	SEAT LIFT MECH INC IN COMB LIFT-CHAIR MECH		D6601	INLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES
E0628	SEP SEAT LIFT MECH USE W/PT OWND FURN - ELEC		D6602	INLAY - CAST HIGH NOBLE METAL TWO SURFACES
E0629	SEP SEAT LIFT MECH USE W/PT OWND FURN - NONELEC		D6603	INLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES
E0636	MX PSTN PT SUPP SYS INTGR LIFT PT ACSSIBLE CNTRL		D6604	INLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES
E0637	COMB SIT STAND SYS SZ INCL PED W/SEATLIFT FEATUR		D6605	INLAY - CAST PREDOM BASE METAL 3/MORE SURFACES
E0638	STANDING FRME SYS 1 PSTN ANY SZ INCL PED W/WO WH		D6606	INLAY - CAST NOBLE METAL TWO SURFACES
E0639	PT LIFT MOVEABLE ROOM-ROOM W/DISASSMBL&REASSMBL		D6607	INLAY - CAST NOBLE METAL THREE OR MORE SURFACES
E0640	PATIENT LIFT FIX SYS INCLUDES ALL CMPNTS/ACCESS		D6608	ONLAY - PORCELAIN/CERAMIC 2 SURFACES
E0641	STANDING FRME SYS MX-POSITION 3-WAY SZ INCL PED		D6609	ONLAY - PORCELAIN/CERAMIC THREE OR MORE SURFACES
E0642	STANDING FRAME SYS MOBILE DYN ANY SZ INCL PED		D6610	ONLAY - CAST HIGH NOBLE METAL TWO SURFACES
E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRTD GRADNT PRSS		D6611	ONLAY - CAST HIGH NOBLE METAL 3/MORE SURFACES
E0675	PNEUMAT COMPRS DEVC HI PRSS RAPID INFLATION/DEFL		D6612	ONLAY - CAST PREDOMINANTLY BASE METAL 2 SURFACES
E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS		D6613	ONLAY - CAST PREDOM BASE METAL 3/MORE SURFACES
E0691	UV LT TX SYS PANL W/BULB/LAMP TMR; TX 2 SQ FT/<		D6614	ONLAY - CAST NOBLE METAL TWO SURFACES
E0692	UV LT TX SYS PANL W/BULB/LAMP TIMER 4 FT PANEL		D6615	ONLAY - CAST NOBLE METAL THREE OR MORE SURFACES
E0693	UV LT TX SYS PANL W/BULBS/LAMPS TIMER 6 FT PANEL		D6624	INLAY TITANIUM
E0694	UV MX DIR LT TX SYS 6 FT CABINET W/BULB/LAMP TMR		D6634	ONLAY TITANIUM
E0700	Safety equipment		D6710	CROWN INDIRECT RESIN BASED COMPOSITE
E0710	RESTRAINT ANY TYPE		D6720	CROWN - RESIN WITH HIGH NOBLE METAL
E0731	FORM-FITTING CONDUCTIVE GARMENT DELIV TENS/NMES		D6721	CROWN RESIN W/PREDOMINANTLY BASE METAL-DENTURE
E0740	INCONT TX SYS PELV FLR STIM MON SENS &OR TRAINER		D6722	CROWN - RESIN WITH NOBLE METAL
E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		D6740	CROWN - PORCELAIN/CERAMIC
E0745	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT		D6750	CROWN PORCELAIN FUSED TO HI NOBLE METAL-DENTURE
E0746	ELECTROMYOGRAPHY BIOFEEDBACK DEVICE		D6751	CROWN - PORCELAIN FUSED PREDOMINANTLY BASE METAL
E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL		D6752	CROWN - PORCELAIN FUSED TO NOBLE METAL
E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR		D6780	CROWN - 3/4 CAST HIGH NOBLE METAL
E0761	NON-THRML PULS RADIOWAV ELECMAGNET ENRGY TX DEVC		D6781	CROWN - 3/4 CAST PREDOMINATELY BASED METAL
E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS		D6782	CROWN 3/4 CAST NOBLE METAL-DENTURE
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		D6783	CROWN 3/4 PORCELAIN/CERAMIC-DENTURE
E0765	FDA APPRVD NRV STIM W/REPL BATTRY TX NAUSA&VOMIT		D6790	CROWN FULL CAST HIGH NOBLE METAL-DENTURE
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC		D6791	CROWN FULL CAST PREDOMINANTLY BASE METAL-DENTURE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E0781	AMB INFUS PUMP 1/MX CHANNL W/ADMN EQP WORN BY PT		D6792	CROWN FULL CAST NOBLE METAL-DENTURE
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE		D6793	PROVISIONAL RETAINER CROWN
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE		D6794	CROWN TITANIUM
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN		D6920	CONNECTOR BAR
E0785	IMPLANTABLE INTRASPINL CATHETER USED W/PUMP-REPL		D6930	RECEMENT FIXED PARTIAL DENTURE
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL		D6940	Stress breaker
E0830	AMBULATORY TRACTION DEVICE ALL TYPES EACH		D6950	Precision attachment
E0855	CERVICAL TRACTION EQUIP NOT RQR ADD STAND/FRAME		D6970	POST & CORE ADD FIXED PART DENTURE RETAINER FAB
E0935	CONTINUOUS PASSIVE MOT EXERCISE DEVC KNEE ONLY		D6972	PREFAB POST&CORE ADD FIX PART DENTUR RETAIN
E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE		D6973	CORE BUILD UP FOR RETAINER INCLUDING ANY PINS
E0941	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE		D6975	COPING - METAL
E0946	FRACTURE FRAME DUAL W/CROSS BARS ATTACHED TO BED		D6976	EACH ADD INDIRECTLY FABRICATED POST SAME TOOTH
E0968	COMMODE SEAT WHEELCHAIR		D6977	EACH ADD PREFABRICATED POST - SAME TOOTH
E0969	NARROWING DEVICE WHEELCHAIR		D6980	FIXED PARTIAL DENTURE REPAIR BY REPORT
E0980	SAFETY VEST WHEELCHAIR		D6985	PEDIATRIC PARTIAL DENTURE FIXED
E0994	ARMREST EACH		D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE REPORT
E1009	WC ACCSS ADD PWR SEAT MECH LINKD LEG ELEV SYS EA		D7111	EXTRACTION CORONAL REMNANTS DECIDUOUS TOOTH
E1011	MOD PEDIATRIC SIZE WC WIDTH ADJUSTMENT PACKAGE		D7140	EXTRACTION ERUPTED TOOTH OR EXPOSED ROOT
E1017	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY MNL WC EA		D7210	SURG REMV ERUPTED TOOTH RQR ELEV FLP&REMV BONE
E1018	HEVY DUTY SHOCK ABSORBR HEVY/XTRA HEVY PWR WC EA		D7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE
E1035	MX-PSTN PT TRNSF SYS W/INTGRTD SEAT OP CARE GIVR		D7230	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY
E1050	FULL RECLIN WHLCHAIR; FIX FULL-LEN ARMS LEGRESTS		D7240	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY
E1060	FULL RECLIN WHLCHAIR; DTACHBLE ARMS LEGRESTS		D7241	REMV IMP TOOTH - CMPL BONY W/UNUSUAL SURG COMPS
E1070	FULLY RECLIN WHLCHAIR; DTACHBLE ARMS FOOTRESTS		D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS
E1083	HEMI-WHLCHAIR; FIX FULL-LEN ARMS DTACHBL LEGREST		D7260	OROLANTRAL FISTULA CLOSURE
E1084	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL LEGRESTS		D7261	PRIMARY CLOSURE OF A SINUS PERFORATION
E1085	HEMI-WHLCHAIR; FIX FULL ARMS DTACHBLE FOOTRESTS		D7270	TOOTH REIMPL &OR STBL ACC EVULSED/DISPLCD TOOTH
E1086	HEMI-WHLCHAIR; DTACHBLE ARMS DESK/FULL FOOTRESTS		D7272	Tooth transplantation
E1087	HI-STRGTH LGHTWT WHLCHAIR; FIX ARMS DTACH LEGRST		D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH
E1088	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS LEGRESTS		D7282	MOBILIZ ERUPTED/MALPOSITIONED TOOTH AID ERUPTION
E1089	HI-STRGTH LGHTWT WHLCHAIR; FIX ARM DTACH FOOTRST		D7283	PLCMT DEVICE FACILITATE ERUPTION IMPACTED TOOTH
E1090	HI-STRGTH LGHTWT WHLCHAIR; DTACHBL ARMS FOOTREST		D7285	Biopsy of oral tissue hard
E1092	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS LEGRESTS		D7286	BIOPSY OF ORAL TISSUE SOFT
E1093	WIDE HEVY-DUTY WHLCHAIR; DTACHBLE ARMS FOOTRESTS		D7287	EXFOLIATIVE CYTOLOGICAL SAMPLE COLLECTION
E1100	SEMI-RECLIN WHLCHAIR; FIX ARMS DTACHBLE LEGRESTS		D7288	BRUSH BIOPSY TRANSEPITHELIAL SAMPLE COLLECTION
E1110	SEMI-RECLIN WHLCHAIR; DTACHBLE ARMS ELEV LEGREST		D7290	SURGICAL REPOSITIONING OF TEETH
E1130	STD WHLCHAIR; FIX FULL-LEN ARMS DTACHBL FOOTRSTS		D7291	TRANSSEPTAL FIBEROT/SUPRA CRESTAL FIBEROT BR
E1140	WHLCHAIR; DTACHBLE ARMS DTACHBLE FOOTRESTS		D7292	SURG PLCMT: TEMP ANCHORAGE SCREW RET PLATE FLAP
E1150	WHLCHAIR; DTACHBLE ARMS DTACHBLE ELEV LEGRESTS		D7293	SURG PLCMT: TEMP ANCHORAGE DEVICE RQR SURG FLAP
E1160	WHLCHAIR; FIX FULL-LEN ARMS DTACHBL ELEV LEGRSTS		D7294	SURG PLCMT: TEMP ANCHORAGE DEVICE W/O SURG FLAP

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E1170	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL LEGRESTS		D7310	ALVEOLOPLASTY W/EXTRACTION 4/> TEETH/SPACE QUAD
E1171	AMPUTEE WHLCHAIR; FIX FULL ARMS W/O FOOT/LEGREST		D7311	ALVEOLOPLSTY CONJNC XTRACT 1-3 TEETH/SPACES QUAD
E1172	AMPUTEE WHLCHAIR; DTACHBL ARMS W/O FOOT/LEGRESTS		D7320	ALVEOLOPLASTY NOT W/EXTRACTIONS 4/> TEETH/SPACE
E1180	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		D7321	ALVEOLOPLSTY NOT CNJNC XTRCT 1-3 TEETH/SPCE QUAD
E1190	AMPUTEE WHLCHAIR; DTACHBL ARMS DTACHBL LEGRESTS		D7340	VESTIBULOPLASTY-RIDGE EXT 2ND EPITHELIALIZATION
E1195	HEVY DUTY WHLCHAIR; FIX FULL ARMS DTACHBL LEGRST		D7350	VESTIBULOPLASTY-RIDGE EXT W/SOFT TISS GRAFTS
E1200	AMPUTEE WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRSTS		D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED		D7411	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
E1221	WHEELCHAIR WITH FIXED ARM FOOTRESTS		D7412	EXCISION OF BENIGN LESION COMPLICATED
E1222	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS		D7413	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
E1223	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS		D7414	EXCISION OF MALIGNANT LESION > 1.25 CM
E1224	WHEELCHAIR W/DETACHABLE ARMS ELEVATING LEGRESTS		D7415	EXCISION OF MALIGNANT LESION COMPLICATED
E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR		D7440	EXC MALIG TUMOR-LESION DIAMETER UP TO 1.25 CM
E1229	WHEELCHAIR PEDIATRIC SIZE NOS		D7441	EXC MALIG TUMOR-LESION DIAM GREATER THAN 1.25 CM
E1231	WC PED SZ TILT-IN-SPACE RIGD ADJUSTBL W/SEAT SYS		D7450	REMOVAL BEN ODONTOGENIC CYST/TUMR- UP T0 1.25 CM
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS		D7451	REMOVAL BENIGN ODONTOGENIC CYST/TUMOR- > 1.25 CM
E1240	LGHTWT WHLCHAIR; DTACHBLE ARMS DTACHBLE LEGREST		D7460	REMOVAL BEN NONODONTOGENIC CYST/TUMR- UP 1.25 CM
E1250	LGHTWT WHLCHAIR; FIX FULL ARMS DTACHBL FOOTRESTS		D7461	REMOVAL BEN NONODONTOGENIC CYST/TUMOR > 1.25 CM
E1260	LGHTWT WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRESTS		D7465	DESTRUC LESION PHYSICAL/CHEM METHOD BY REPORT
E1270	LGHTWT WHLCHAIR; FIX ARMS DTACHBLE ELEV LEGRESTS		D7471	REMOVAL OF LATERAL EXOSTOSIS
E1280	HEVY-DUTY WHLCHAIR; DTACHBLE ARMS ELEV LEGRESTS		D7472	REMOVAL OF TORUS PALATINUS
E1285	HEVY-DUTY WHLCHAIR; FIX ARMS DTACHBLE FOOTRESTS		D7473	REMOVAL OF TORUS MANDIBULARIS
E1290	HEVY-DUTY WHLCHAIR; DTACHBL ARMS DTACHBL FOOTRST		D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY
E1295	HEVY-DUTY WHLCHAIR; FIX FULL ARMS ELEV LEGRESTS		D7490	RADICAL RESECTION OF MAXILLA OR MANDIBLE
E1300	Whirlpool portable		D7510	INCISION & DRAINAGE ABSCESS-INTRAORAL SOFT TISS
E1310	WHIRLPOOL NONPORTABLE		D7511	I & D ABSCESS INTRAORAL SOFT TISSUE COMPLICATED
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER		D7520	INCISION & DRAINAGE ABSCESS-EXTRAORAL SOFT TISS
E1390	O2 CONC 1 DEL PORT 85%/>02 CONC AT PRSC FLW RATE		D7521	I & D ABSCESS EXTRAORAL SOFT TISSUE COMPLICATED
E1391	O2 CONC 2 DEL PORT 85%/>O2 CONC PRSC FLW RATE EA		D7530	REMOVAL FB FROM MUCOSA SKIN/SUBCUT ALVEOL TISSUE
E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL		D7540	REMV REACT-PRODUC FOREIGN BODIES-MUSCULOSKEL SYS
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		D7550	PART OSTEC/SEQUESTRECTOMY REMOVAL NON-VITAL BONE
E1405	OXYGEN&WATER VAPOR ENRICHING SYS W/HEATED DELIV		D7560	MAXILLARY SINUSOTOMY REMOVAL TOOTH FRAGMENT/FB
E1406	OXYGEN&WATR VAPOR ENRICHING SYS W/O HEATED DELIV		D7610	MAXILLA-OPEN REDUCTION
E1500	CENTRIFUGE FOR DIALYSIS		D7620	MAXILLA-CLOSED REDUCTION
E1510	KIDNEY DIALYSATE DEL SYS KIDNEY MACH PUMP RECIRC		D7630	MANDIBLE-OPEN REDUCTION
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS		D7640	MANDIBLE-CLOSED REDUCTION
E1530	AIR BUBBLE DETECTOR HEMODIALYSIS EA REPLACEMENT		D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
E1540	PRESSURE ALARM FOR HEMODIALYSIS EACH REPLACEMENT		D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS EACH		D7670	ALVEOLUS-CLOSED REDUCTION W/STABILIZATION TEETH
E1560	BLOOD LEAK DETECTOR HEMODIALYSIS EA REPLACEMENT		D7671	ALVEOLUS-OPEN REDUCTION W/STABILIZATION TEETH

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS		D7680	FCE BNS - COMP RDUC W/FIX&MX SURG APPRCHES CPT
E1575	TRANSDUCER PROTECTORS/FL BARRIERS HEMODIAL SZ-10		D7710	MAXILLA-OPEN REDUCTION
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS		D7720	MAXILLA-CLOSED REDUCTION
E1590	Hemodialysis machine		D7730	MANDIBLE-OPEN REDUCTION
E1592	AUTO INTERMITTENT PERITONEAL DIALYSIS SYSTEM		D7740	MANDIBLE-CLOSED REDUCTION
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS		D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
E1600	DELIV &OR INSTL CHARGES HEMODIAL EQUIPMENT		D7760	MALAR AND/OR ZYGOMATIC ARCH CLOSED REDUCTION
E1610	RVRS OSMOSIS H2O PURIFICATION SYSTEM HEMODIAL		D7770	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH
E1615	DEIONIZER WATER PURIFICATION SYSTEM HEMODIALYSIS		D7771	ALVEOLUS CLOSED REDUCTION STABILIZATION OF TEETH
E1620	BLOOD PUMP FOR HEMODIALYSIS REPLACEMENT		D7780	FACIAL BONES-COMP RDUC FIX & MX SURG APPROACHES
E1625	WATER SOFTENING SYSTEM FOR HEMODIALYSIS		D7810	OPEN REDUCTION OF DISLOCATION
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM		D7820	CLOSED REDUCTION OF DISLOCATION
E1632	WEARABLE ARTIFICIAL KIDNEY EACH		D7830	MANIPULATION UNDER ANESTHESIA
E1634	PERITONEAL DIALYSIS CLAMPS EACH		D7840	CONDYLECTOMY
E1635	COMPACT TRAVEL HEMODIALYZER SYSTEM		D7850	SURGICAL DISCECTOMY; WITH/WITHOUT IMPLANT
E1636	SORBENT CARTRIDGES FOR HEMODIALYSIS PER 10		D7852	DISC REPAIR
E1637	HEMOSTATS EACH		D7854	SYNOVECTOMY
E1639	SCALE EACH		D7856	MYOTOMY
E1699	DIALYSIS EQUIPMENT NOT OTHERWISE SPECIFIED		D7858	JOINT RECONSTRUCTION
E1700	JAW MOTION REHABILITATION SYSTEM		D7860	ARTHROTOMY
E1701	REPL CUSHNS JAW MOTION REHAB SYSTEM PKG SIX		D7865	ARTHROPLASTY
E1702	REPL MSR SCLS JAW MOTION REHAB SYSTEM PKG 200		D7870	ARTHROCENTESIS
E1800	DYN ADJUSTBL ELB EXT/FLX DEVC W/SFT INTRFCE MATL		D7871	NON-ARTHROSCOPIC LYSIS AND LAVAGE
E1801	BI-DIR STAT PROGS STRETCH ELB DEVC W/RNG MOT ADJ		D7872	ARTHROSCOPY-DIAGNOSIS WITH OR WITHOUT BIOPSY
E1802	DYN ADJUSTBL FORARM PRON/SUPIN DEVC INTRFCE MATL		D7873	ARTHROSCOPY SURGICAL: LAVAGE&LYSIS ADHESIONS
E1805	DYN ADJUSTBL WRIST EXT/FLX DEVC W/INTERFCE MATL		D7874	ARTHROSCOPY SURGICAL: DISC REPSTN&STABILIZATION
E1806	BI-DIR STAT PROGS STRTCH WRST DEVC W/RNG MOT ADJ		D7875	ARTHROSCOPY-SURGICAL: SYNOVECTOMY
E1811	BI-DIR STAT PROGS STRTCH KNEE DEVC W/RNG MOT ADJ		D7876	ARTHROSCOPY SURGICAL: DISCECTOMY
E1812	DYN KNEE EXT/FLEX DEVC W/ACTV RESISTANCE CONTROL		D7877	ARTHROSCOPY SURGICAL: DEBRIDEMENT
E1815	DYN ADJ ANKLE EXT/FLEX DEVC INCL SOFT INTF MATL		D7880	Occlusal orthotic appliance
E1816	BI-DIR STAT PROGS STRETCH ANK DEVC W/RNG MOT ADJ		D7899	UNSPECIFIED TMD THERAPY BY REPORT
E1818	BI-DIR STAT PROGS STRETCH FORARM DEVC W/RNG MOT		D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
E1820	REPL SFT INTERFCE MATL DYN ADJUSTBL EXT/FLX DEVC		D7911	COMPLICATED SUTURE-UP TO 5 CM
E1821	REPL SFT INTERFCE MATL/CUFF BI-DIR STAT DEVC		D7912	COMPLICATED SUTURE-GREATER THAN 5 CM
E1825	DYN ADJUSTBL FNGR EXT/FLX DEVC W/SFT INTRFCE MAT		D7920	SKIN GRAFT
E1830	DYN ADJUSTBL TOE EXT/FLX DEVC W/SFT INTRFCE MATL		D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES
E1840	SOFT INTERFACE MATERIAL		D7941	OSTEOTOMY - MANDIBULAR RAMI
E1841	MXIDIR STATIC PROGS STRETCH SHLDR DEVC INCL CUFF		D7943	OSTEOT-MANDIB RAMI W/BONE GRFT;INCL OBTAIN GRAFT
E2120	PULSE GEN SYS TYMPANIC TX INNR EAR ENDOLYMPH FL		D7944	OSTEOTOMY SEGMENTED OR SUBAPICAL
E2216	MNL WC ACESS FOAM FILL PROPULSION TIRE ANY SZ		D7945	OSTEOTOMY-BODY OF MANDIBLE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
E2217	MNL WHLCHAIR ACCSS FOAM FILL CASTR TIRE ANY SIZE		D7946	LEFORT I MAXILLA TOTAL
G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE		D7947	LEFORT I MAXILLA SEGMENTED
G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE		D7948	LEFORT II/LEFORT III - W/O BONE GRAFT
G0010	ADMINISTRATION OF HEPATITIS B VACCINE		D7949	LEFORT II/LEFORT III - W/BONE GRAFT
G0101	CERV/VAGINAL CANCER SCR; PELV&CLIN BREAST EXAM		D7950	OSSEOUS OSTEOPERIOSTEAL/CARTILAGE GRAFT MAND/MAX
G0102	PROS CANCER SCREENING; DIGTL RECTAL EXAMINATION		D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUTES
G0103	PROSTATE CANCER SCREENING; PSA TEST		D7953	BONE REPLCMT GRAFT RIDGE PRESERVATION PER SITE
G0104	COLORECTAL CANCER SCREENING; FLEXSIG		D7955	REPAIR MAXLOFACIAL SOFT &/ HARD TISSUE DEFECT
G0105	COLOREC CANCR SCR; COLONSCPY INDIVIDUL@HIGH RISK		D7960	FRENULECTOMY SEPARATE PROCEDURE
G0106	COLOREC CANCR SCR;ALT G0104 SIGMOIDSCPY BA ENEMA		D7963	FRENULOPLASTY
G0108	DIAB OP SELF-MGMT TRN SRVC INDIVIDUAL PER 30 MIN		D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH
G0109	DIAB SELF-MGMT TRN SRVC GROUP SESSION PER 30 MIN		D7971	EXCISION OF PERICORONAL GINGIVA
G0117	GLAUC SCR HI RISK BY OPTOMETRST/OPHTHALMOLOGIST		D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY
G0118	GLAUC SCR HI RSK UND DIR SUP OPTMTRST/OPHTHLGIST		D7980	Sialolithotomy
G0120	COLOREC CANCR SCR; ALT G0105 COLNSCPY BA ENEMA		D7981	EXCISION OF SALIVARY GLAND BY REPORT
G0121	COLOREC CANCR SCR; COLNSCPY NOT MEET HI RISK		D7982	Sialodochoplasty
G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA		D7983	Closure of salivary fistula
G0123	SCR CYTOPATH CERV/VAG SCR CYTOTECH UND PHYS SUPV		D7990	Emergency tracheotomy
G0124	SCR CYTOPATH CERV/VAG THIN LAY PREP INTEPR PHYS		D7991	CORONOIDECTOMY
G0127	TRIMMING OF DYSTROPHIC NAILS ANY NUMBER		D7995	SYNTHETIC GRAFT-MANDIBLE/FACIAL BONES BY REPORT
G0128	DIR SKLED SERV RN OP REHAB EA 10 MIN AFTR 1ST 5		D7996	IMPLANT-MANDIBLE AUGMENTATION PURPOSES BY REPORT
G0129	OCCUP TX REQ SKILLS QUAL OCCUP TRPST PART HOS TX		D7997	APPLIANCE REMOVAL INCLUDES REMOVAL OF ARCHBAR
G0130	SEXA BN DNSITY STDY 1/> SITE; APPNDICULR SKEL		D7998	INTRAORAL PLCMT FIX DEVICE NOT CONJUNCTION W/FX
G0141	SCR CYTOPATH SMER CERV/VAG MNL RSCR INTEPR PHYS		D7999	UNSPECIFIED ORAL SURGERY PROCEDURE BY REPORT
G0143	SCR CYTOPATH CERV/VAG MNL SCR&RSCR UND PHYS		D8010	LIMITED ORTHODONTIC TREATMENT PRIMARY DENTITION
G0144	SCR CYTOPATH CERV/VAG THIN LAY SCR AUTO UND PHYS		D8020	LTD ORTHODONTIC TREATMENT TRANSITIONAL DENTITION
G0145	SCR CYTOPATH CERV/VAG SCR AUTO&MNL RSCR PHYS		D8030	LTD ORTHODONTIC TREATMENT ADOLESCENT DENTITION
G0147	SCR CYTOPATH SMERS CERV/VAG AUTO UND PHYS SUPV		D8040	LIMITED ORTHODONTIC TREATMENT ADULT DENTITION
G0148	SCR CYTOPATH SMERS CERV/VAG AUTO SYS W/MNL RESCR		D8050	INTERCEPTIVE ORTHODONTIC TX PRIMARY DENTITION
G0151	SRVC PHYS THERAPIST HOM HLTH SETTING EA 15 MIN		D8060	INTRCPTV ORTHODONTIC TX TRANSITIONAL DENTITION
G0152	SRVC OCCUP THERAPIST HOME HLTH SETTING EA 15 MIN		D8070	COMP ORTHODONTIC TX TRANSITIONAL DENTITION
G0153	SRVC SPCH&LANGE PATH HOME HLTH SETTING EA 15 MIN		D8080	COMPREHENSIVE ORTHODONTIC TX ADOLES DENTITION
G0154	SRVC SKILLED NURSE HOME HEALTH SETTING EA 15 MIN		D8090	COMPREHENSIVE ORTHODONTIC TX ADULT DENTITION
G0155	SRVC CLIN SOCIAL WORKER HOM HLTH SET EA 15 MIN		D8210	REMOVABLE APPLIANCE THERAPY
G0156	SRVC HOME HLTH AIDE HOME HLTH SETTING EA 15 MIN		D8220	FIXED APPLIANCE THERAPY
G0166	EXTERNAL COUNTERPULSATION PER TREATMENT SESSION		D8660	PRE-ORTHODONTIC TREATMENT VISIT
G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE ONLY		D8670	PERIODIC ORTHODONTIC TREATMENT VISIT
G0173	LINR ACCELERATOR STEREOTAC RADIOSURG CMPL 1 SESS		D8680	Orthodontic retention
G0175	SCHED INTERDISCIPLINARY TEAM CONF W/PT PRESENT		D8690	Orthodontic treatment
G0176	ACTV TX REL CARE&TX PTS DISABL MENTL HLTH-SESS		D8691	REPAIR OF ORTHODONTIC APPLIANCE

Medi-Cal Non-covered Codes

Code ID	Code Description		Code ID	Code Description
G0177	TRN&ED REL CARE&TX PTS DISABL MENTL HLTH-SESS		D8692	REPLACEMENT OF LOST OR BROKEN RETAINER
G0179	PHYS RE-CERT MCR-COVR HOM HLTH SRVC RE-CERT PRD		D8693	REBONDING/RECEMENTING; &/OR REPAIR FIXED RETAINR
G0180	PHYS CERT MCR-COVR HOM HLTH SRVC PER CERT PRD		D8999	UNSPECIFIED ORTHODONTIC PROCEDURE BY REPORT
G0181	PHYS SUPV PT RECV MCR-COVR SRVC HOM HLTH AGCY		D9110	PALLIATIVE TREATMENT DENTAL PAIN - MINOR PROC
G0182	PHYS SUPV PT UNDER MEDICARE-APPROVED HOSPICE		D9120	FIXED PARTIAL DENTURE SECTIONING
G0186	DESTRUC LOC LES CHOROID; PHOTOCOAG FDER VES TECH		D9210	LOCAL ANES-NOT CONJUNCTION W/OP/SURGICAL PROC
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED		D9211	Regional block anesthesia
G0237	MUSCLES FACE TO FACE ONE ON ONE EACH 15 MINUTES		D9212	TRIGEMINAL DIVISION BLOCK ANESTHESIA
G0238	TX PROC IMPRV RESP FUNCT NOT G0237 FCE-FCE 15MIN		D9215	Local anesthesia
G0239	TX PROC IMPRV RESP FUNCT/INCR RESP MUSC 2/> IND		D9220	DEEP SEDATION/GENERAL ANESTHESIA-1ST 30 MINUTES
G0245	INITIAL PHYS E&M DIABETIC NEUROPATHY W/LOPS		D9221	DEEP SEDATION/GENERAL ANESTHESIA-EA ADD 15 MIN
G0246	FOLLOWUP EVAL DIABETIC PT NEUROPATHY W/LOPS		D9230	ANALGESIA ANXIOLYSIS INHALATION OF NITROUS OXIDE
G0247	ROUTINE FOOT CARE BY PHYS OF DIABETIC PT W/LOPS		D9241	IV CONSCIOUS SEDATION/ANALG - 1ST 30 MINUTES
G0248	DEM USE HOME INR MON PT W/MECH HEART VALVE		D9242	IV CONSCIOUS SEDATION/ANALG - EA ADD 15 MINUTES
G0249	PRVS TEST MATL & EQUIP HOME INR MON; PER 4 TESTS		D9248	NON-INTRAVENOUS CONSCIOUS SEDATION
G0250	PHYS REV INTEPR & PT MGMT HOME INR MON; 4 TESTS		D9310	CONSULT DX SERV DENT/PHY NOT REQUESTING DENT/PHY
G0251	LINR STEREOTAC RADIOSURG TX ALL LES MAX 5 SESS		D9410	HOUSE/EXTENDED CARE FACILITY CALL
G0255	CURRNT PERCEPT THRESHOLD/SNCT PER LIMB ANY NERVE		D9420	Hospital call
G0257	UNSCHD/EMERG DIALYSIS TX ESRD PT HOS OP NOT CERT		D9430	OFFICE VISIT OBSERVATION NO OTHER SRVC PERFORMED
G0259	INJECTION PROCEDURE FOR SI JNT; ARTHROGRAPY		D9440	OFFICE VISIT-AFTER REGULARLY SCHEDULED HOURS
G0260	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH			