



## Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

Effective: 07/01/2019

### Important Notices

All Non-PAR Providers require authorization regardless of services or codes.

Any exceptions included in this document apply to PAR Providers only.

These codes are for Out-Patient services only.

All In-Patient admits/services require Prior Authorization (PA), including: Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation and Long Term Acute Care (LTAC) Facilities.

No PA required for office visits or office-based procedures at Participating Network Providers.

No PA required for emergency services.

Office visits to Network Specialists require a referral from a participating Primary Care Provider.

Some services listed may not be covered by the Centers for Medicare and Medicaid (CMS) or your local State Regulatory Agency.

The absence of a code from this list should not be used to determine whether a service is covered or not by your regulatory agency.

Refer to your regulatory agency for benefit coverage and non-covered codes.

PA is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility on the date(s) of service, benefit limitations or exclusions and other applicable standards during the claim review, including the terms of any applicable provider agreement.

For Medicare Hearing Supplemental benefit: Contact AVESIS at 1 (800) 327-4662.

*To search this document, use [Ctrl+F] keys, enter Service or Code in Navigation pane; press Enter*

### Legend:

PA: Prior Authorization | PAR: Participating Provider | Non-PAR: Non-Participating Provider



# Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

Effective: 07/01/2019

## Behavioral Health, Mental Health, Alcohol & Chemical Dependency Services

Inpatient, Partial Hospitalization, Electroconvulsive Therapy (ECT).

0901 2106 90867 90868 90869 90870

## Cosmetic, Plastic & Reconstructive Procedures [In Any Setting]

11900 15780 15783 15821 15832 15835 15838 19300 19324 19330 19355 30410 30435 30462 67908  
 11901 15781 15793 15822 15833 15836 15839 19316 19325 19342 19396 30420 30450 67904  
 11920 15782 15820 15823 15834 15837 15847 19318 19328 19350 30400 30430 30460 67906

## Durable Medical Equipment (DME)

For Medicare hearing supplemental benefit, contact AVESIS at 800-327-4662

A7025 E0294 E0462 E0764 E1003 E1161 E1310 E2310 E2342 E2378 E2611 E2627 K0800 K0824 K0841 K0859 K0884 Q4187  
 A9900 E0295 E0465 E0766 E1004 E1225 E1399 E2311 E2343 E2397 E2612 E2628 K0801 K0825 K0842 K0860 K0885 Q4188  
 A9901 E0296 E0466 E0782 E1005 E1226 E1700 E2312 E2351 E2500 E2613 E2629 K0802 K0826 K0843 K0861 K0886 Q4190  
 C2624 E0297 E0467 E0783 E1006 E1227 E2201 E2313 E2361 E2502 E2614 E2630 K0806 K0827 K0848 K0862 K0890 Q4191  
 E0194 E0300 E0483 E0784 E1007 E1230 E2202 E2321 E2366 E2504 E2615 E2631 K0807 K0828 K0849 K0863 K0891 Q4193  
 E0255 E0301 E0691 E0785 E1008 E1232 E2203 E2322 E2367 E2506 E2616 K0008 K0808 K0829 K0850 K0864 K0900 Q4194  
 E0256 E0302 E0692 E0786 E1010 E1233 E2204 E2325 E2368 E2508 E2617 K0009 K0813 K0830 K0851 K0868 L3761 Q4198  
 E0260 E0303 E0693 E0849 E1012 E1234 E2227 E2326 E2369 E2510 E2620 K0010 K0814 K0831 K0852 K0869 L7700 Q4200  
 E0261 E0304 E0694 E0855 E1014 E1235 E2228 E2327 E2370 E2511 E2621 K0011 K0815 K0835 K0853 K0870 L8625 Q4201  
 E0265 E0328 E0747 E0983 E1020 E1236 E2291 E2328 E2373 E2605 E2622 K0012 K0816 K0836 K0854 K0871 L8694 Q4202  
 E0266 E0329 E0748 E0984 E1029 E1237 E2292 E2329 E2374 E2606 E2623 K0013 K0820 K0837 K0855 K0877 Q4183 Q4203  
 E0277 E0371 E0749 E0986 E1030 E1238 E2293 E2330 E2375 E2607 E2624 K0014 K0821 K0838 K0856 K0878 Q4184 Q4204  
 E0292 E0372 E0760 E0988 E1035 E1296 E2294 E2340 E2376 E2608 E2625 K0108 K0822 K0839 K0857 K0879 Q4185 V2530  
 E0293 E0373 E0762 E1002 E1036 E1298 E2295 E2341 E2377 E2609 E2626 K0606 K0823 K0840 K0858 K0880 Q4186 V2531

## Experimental/Investigational

Medicare does not cover Category III codes unless a Local Coverage Determination (LCD) is published allowing the service for a specific state

22899 95836 0100T 0184T 0214T 0236T 0272T 0317T 0357T 0405T 0422T 0437T 0473T 0488T 0503T 0518T 0533T C9753  
 31237 95976 0101T 0191T 0215T 0237T 0273T 0335T 0358T 0408T 0423T 0439T 0474T 0489T 0504T 0519T 0534T C9754  
 31299 95977 0102T 0198T 0216T 0238T 0274T 0338T 0362T 0409T 0424T 0440T 0475T 0490T 0505T 0520T 0535T C9755  
 33440 95983 0106T 0200T 0217T 0249T 0275T 0339T 0373T 0410T 0425T 0441T 0476T 0491T 0506T 0521T 0536T L8608  
 33866 99499 0107T 0201T 0218T 0253T 0278T 0342T 0394T 0411T 0426T 0442T 0477T 0492T 0507T 0522T 0537T Q4161  
 67299 0054T 0108T 0202T 0219T 0254T 0290T 0347T 0395T 0412T 0427T 0443T 0478T 0493T 0508T 0523T 0538T Q4162  
 81503 0055T 0109T 0205T 0220T 0263T 0295T 0348T 0396T 0413T 0428T 0444T 0479T 0494T 0509T 0524T 0539T Q4163  
 82016 0058T 0110T 0206T 0221T 0264T 0296T 0349T 0397T 0414T 0429T 0445T 0480T 0495T 0510T 0525T 0540T Q4164  
 82017 0071T 0111T 0207T 0222T 0265T 0297T 0350T 0398T 0415T 0430T 0446T 0481T 0496T 0511T 0526T 0541T Q4165  
 83987 0072T 0126T 0208T 0228T 0266T 0298T 0351T 0399T 0416T 0431T 0447T 0482T 0497T 0512T 0527T 0542T Q4189  
 84145 0075T 0163T 0209T 0229T 0267T 0312T 0352T 0400T 0417T 0432T 0448T 0483T 0498T 0513T 0528T A4563 Q4192  
 86316 0076T 0164T 0210T 0230T 0268T 0313T 0353T 0401T 0418T 0433T 0469T 0484T 0499T 0514T 0529T C1823 Q4195  
 86343 0085T 0165T 0211T 0231T 0269T 0314T 0354T 0402T 0419T 0434T 0470T 0485T 0500T 0515T 0530T C8937 Q4196  
 93264 0095T 0174T 0212T 0234T 0270T 0315T 0355T 0403T 0420T 0435T 0471T 0486T 0501T 0516T 0531T C9751 Q4197



# Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

**Effective: 07/01/2019**

93998 0098T 0175T 0213T 0235T 0271T 0316T 0356T 0404T 0421T 0436T 0472T 0487T 0502T 0517T 0532T C9752

## Genetic Counseling & Testing

Except for Prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by State regulations.

81105	81163	81178	81190	81223	81236	81265	81289	81313	81334	81364	81412	81431	81445	81519	81596	0006M	0017U	0047U	0506T
81106	81164	81179	81201	81225	81237	81266	81291	81314	81335	81400	81413	81432	81448	81520	83006	0007M	0026U	0048U	0507T
81107	81165	81180	81203	81226	81238	81269	81292	81317	81336	81401	81414	81433	81450	81521	84999*	0009M	0027U	0049U	0508T
81108	81166	81181	81204	81227	81239	81271	81294	81319	81337	81402	81415	81434	81455	81525	86152	0005U	0029U	0050U	G9143
81109	81167	81182	81210	81228	81243	81272	81295	81320	81343	81403	81416	81435	81460	81535	86153	0008U	0030U	0053U	
81110	81171	81183	81212	81229	81244	81273	81297	81321	81344	81404	81417	81436	81465	81536	88261	0009U	0031U	0055U	
81111	81172	81184	81215	81230	81246	81274	81298	81323	81345	81405	81420	81437	81470	81538	88271	0010U	0032U	0056U	
81112	81173	81185	81216	81231	81247	81283	81300	81324	81346	81406	81422	81438	81471	81540	88369	0011U	0033U	0057U	
81120	81174	81186	81217	81232	81248	81284	81305	81325	81355	81407	81425	81439	81493	81541	88373	0012U	0034U	0058U	
81121	81175	81187	81218	81233	81249	81285	81306	81328	81361	81408	81426	81440	81504	81545	88374	0013U	0037U	0059U	
81161	81176	81188	81219	81234	81258	81286	81311	81329	81362	81410	81427	81442	81507	81551	88377	0014U	0045U	0060U	
81162	81177	81189	81222	81235	81259	81287	81312	81333	81363	81411	81430	81443	81518	81595	0004M	0016U	0046U	0505T	

\*84999: Including Oncotype Dx

## Healthcare Administered Drugs

90281	J0202	J0587	J0800	J1438	J1570	J1744	J2326	J2786	J3355	J7183	J7202	J7325	J9015	J9050	J9178	J9217	J9285	J9351	Q3028
90283	J0205	J0588	J0850	J1439	J1571	J1745	J2350	J2793	J3357	J7185	J7205	J7326	J9017	J9055	J9179	J9218	J9293	J9352	Q4074
90284	J0207	J0594	J0875	J1442	J1572	J1750	J2353	J2796	J3358	J7186	J7207	J7327	J9019	J9057	J9181	J9219	J9295	J9354	Q5101
90378	J0220	J0596	J0878	J1447	J1573	J1756	J2354	J2820	J3380	J7187	J7209	J7328	J9022	J9060	J9185	J9225	J9299	J9355	Q5103
A9513	J0221	J0597	J0881	J1453	J1575	J1786	J2357	J2840	J3385	J7188	J7210	J7330	J9023	J9065	J9190	J9226	J9301	J9357	Q5104
A9542	J0256	J0598	J0885	J1458	J1595	J1826	J2425	J2860	J3396	J7189	J7211	J7340	J9025	J9070	J9200	J9228	J9302	J9360	Q5108
A9543	J0257	J0599	J0888	J1459	J1599	J1830	J2430	J2916	J3398	J7190	J7308	J7504	J9027	J9098	J9201	J9229	J9303	J9370	Q5510
B4105	J0287	J0604	J0894	J1460	J1602	J1833	J2469	J2941	J3489	J7191	J7309	J7511	J9032	J9100	J9202	J9230	J9305	J9371	Q9991
C9132	J0289	J0606	J0895	J1555	J1627	J1930	J2502	J3060	J3490	J7192	J7310	J7527	J9033	J9120	J9203	J9245	J9306	J9390	Q9992
C9257*	J0364	J0637	J0897	J1556	J1628	J1931	J2503	J3090	J3590	J7193	J7311	J7639	J9034	J9130	J9205	J9261	J9307	J9395	
C9293	J0480	J0638	J1230	J1557	J1640	J1950	J2504	J3095	J3591	J7194	J7312	J7682	J9035*	J9145	J9206	J9262	J9308	J9400	
C9399	J0485	J0640	J1290	J1559	J1645	J1955	J2505	J3110	J7170	J7195	J7313	J7686	J9039	J9150	J9207	J9263	J9310	J9600	
C9488	J0490	J0641	J1300	J1560	J1650	J2020	J2507	J3145	J7175	J7196	J7316	J8520	J9040	J9153	J9208	J9264	J9312	J9999	
J0129	J0565	J0695	J1301	J1561	J1652	J2170	J2562	J3240	J7178	J7197	J7320	J8521	J9041	J9155	J9209	J9266	J9315	Q0138	
J0135	J0567	J0714	J1322	J1562	J1675	J2182	J2597	J3262	J7179	J7198	J7321	J8655	J9042	J9160	J9211	J9267	J9325	Q0139	
J0178	J0570	J0717	J1324	J1566	J1729	J2248	J2724	J3285	J7180	J7199	J7322	J8670	J9043	J9171	J9214	J9268	J9328	Q2043	
J0180	J0585	J0725	J1325	J1568	J1740	J2315	J2778	J3315	J7181	J7200	J7323	J8700	J9045	J9173	J9215	J9271	J9330	Q2050	
J0185	J0586	J0775	J1428	J1569	J1743	J2323	J2783	J3316	J7182	J7201	J7324	J9000	J9047	J9176	J9216	J9280	J9340	Q3027	

\*No PA required when used with ocular Dx's. (See Dx Codes tab for related ICD9 & ICD10 Codes)

J1726 Retro Removed

## Home Health Care Services

PA required for all home health services after initial evaluation plus two (2) visits per calendar year.



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042X 044X 056X G0151 G0153 G0156 G0158 G0160 G0162 G0300 G0494 G0496  
043X 055X 057X G0152 G0155\* G0157 G0159 G0161 G0299\* G0493 G0495

\*Excluding Hospice

### Hyperbaric Therapy

G0277 99183 Q4176 Q4177 Q4178 Q4179 Q4180 Q4181 Q4182

### Imaging – Advanced & Specialty

C8900	C8911	C8933	70470	70492	70547	71260	72127	72146	72192	73202	73700	73723	74178	74713	75574	77048	78454	78491	78811
C8901	C8912	C8934	70480	70496	70548	71270	72128	72147	72193	73206	73701	73725	74181	75557	75635	77049	78459	78492	78812
C8902	C8913	C8935	70481	70498	70549	71275	72129	72148	72194	73218	73702	74150	74182	75559	76376	77084	78466	78494	78813
C8903	C8914	C8936	70482	70540	70551	71550	72130	72149	72195	73219	73706	74160	74183	75561	76377	78205	78468	78496	78814
C8905	C8918	G0288	70486	70542	70552	71551	72131	72156	72196	73220	73718	74170	74185	75563	76391	78206	78469	78607	78815
C8906	C8919	G0297	70487	70543	70553	71552	72132	72157	72197	73221	73719	74174	74261	75565	76497	78320	78472	78608	78816
C8908	C8920	70336	70488	70544	70554	71555	72133	72158	72198	73222	73720	74175	74262	75571	76498	78451	78473	78609	
C8909	C8931	70450	70490	70545	70555	72125	72141	72159	73200	73223	73721	74176	74263	75572	77046	78452	78481	78647	
C8910	C8932	70460	70491	70546	71250	72126	72142	72191	73201	73225	73722	74177	74712	75573	77047	78453	78483	78710	

### Inpatient Admissions

All inpatient admissions require PA, including Elective, Acute Hospital, Skilled Nursing Facilities (SNF), Rehabilitation, and LongTerm Acute Care (LTAC) Facilities.

### Neuropsychological & Psychological Tests (in any setting)

95950 95953 95957 96113 96121 96130 96132 96136 96138 96146 97152 97154 97156 97158  
95951 95956 96112 96116 96125 96131 96133 96137 96139 97151 97153 97155 97157

### Non-PAR Offices/Providers/Facilities

PA required for Non-Par Office Visits, Surgical Procedures, Labs, Diagnostic Studies, In-patient stays, except for:

- Emergency Department Services
- Professional fees associated with an Emergency Department visit and approved Ambulatory Surgery Center (ASC) or in-patient stay
- Local Health Department (LHD) services
- Other services based on State requirements

### Occupational Therapy

PA required after therapy benefit cap has been reached.

97110 97112 97763

### Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21154	22222	22808	23470	28092	28208	28300	29806	29893	33221	36465	38212	47382	58267	58572	59076	63046	64590	96904
15730	21155	22224	22810	25447	28100	28210	28302	29807	29894	33224	36466	38213	47605	58270	58573	61863	63047	64912	96910
15733	21159	22226	22812	26499	28102	28220	28304	29819	29895	33225	36468	38214	47610	58275	58660	61864	63048	64913	96912
15786	21160	22505	22818	27120	28103	28222	28305	29820	29897	33227	36470	38215	47612	58280	58661	61867	63050	65771	96913
15787	21172	22526	22819	27122	28104	28225	28306	29821	29898	33228	36471	38232	47620	58285	58662	61868	63051	65772	96920



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15819	21175	22527	22830	27125	28106	28226	28307	29822	29899	33229	36475	38573	49255	58290	58672	61885	63055	65775	96921
15830	21240	22532	22840	27130	28107	28230	28308	29823	29914	33230	36476	43644	49904	58291	58673	61886	63056	67900	96922
17004	21242	22533	22841	27132	28108	28232	28309	29824	29915	33231	36478	43645	49905	58292	58700	62324	63057	67901	96931
17360	21243	22534	22842	27134	28110	28234	28310	29825	29916	33240	36479	43647	49906	58293	58720	62325	63064	67902	96932
19294	21270	22548	22843	27137	28111	28238	28312	29826	30465	33249	36482	43648	50590	58294	58740	62326	63066	67903	96933
20930	21280	22551	22844	27138	28112	28240	28313	29827	30520	33251	36483	43653	52441	58321	58750	62327	63075	67909	96934
20939	21282	22552	22845	27438	28113	28250	28315	29828	30540	33254	36514	43770	52442	58322	58752	62369	63076	67950	96935
21073	21295	22554	22846	27440	28114	28260	28320	29873	30545	33261	37191	43771	52649	58323	58760	62370	63077	69714	96936
21120	21296	22556	22847	27441	28116	28261	28322	29874	31253	33262	37243	43772	53850	58345	58770	62380	63078	69715	C2616
21121	22100	22558	22848	27442	28118	28262	28340	29875	31257	33263	37700	43773	53852	58350	58940	63001	63081	69717	C9734
21122	22101	22585	22849	27443	28119	28264	28341	29876	31259	33264	37718	43774	53854	58356	58943	63003	63082	69718	C9738
21123	22102	22586	22850	27445	28120	28270	28344	29877	31295	33265	37722	43775	54401	58540	58950	63005	63085	69930	C9739
21125	22103	22590	22852	27446	28122	28272	28345	29879	31296	33266	37735	43842	54405	58541	58951	63011	63086	90867	C9740
21127	22110	22595	22855	27447	28124	28280	28360	29880	31297	33270	37760	43843	55874	58542	58952	63012	63087	90868	C9746
21137	22112	22600	22856	27486	28126	28285	28705	29881	31298	33274	37761	43845	57288	58543	58953	63015	63088	90869	C9747
21138	22114	22610	22857	27487	28130	28286	28715	29882	31660	33275	37765	43846	57289	58544	58954	63016	63090	95249	C9748
21139	22116	22612	22861	28005	28140	28288	28725	29883	31661	33285	37766	43847	58150	58545	58956	63017	63091	93229	K0903
21141	22206	22614	22862	28008	28150	28289	28730	29884	32491	33286	37780	43848	58180	58546	58957	63020	63101	95909	
21142	22207	22630	22864	28010	28153	28291	28735	29885	32994	33289	37785	43881	58152	58548	58958	63030	63102	96567	
21143	22208	22632	22865	28011	28160	28292	28737	29886	33206	33979	38204	43882	58200	58550	58970	63035	63103	96570	
21145	22210	22633	22867	28035	28171	28295	28740	29887	33207	34713	38207	43886	58210	58552	58974	63040	64553	96571	
21146	22212	22634	22868	28060	28173	28296	28750	29888	33208	34714	38208	43887	58240	58553	58976	63042	64568	96573	
21147	22214	22800	22869	28062	28175	28297	28755	29889	33212	34715	38209	43888	58260	58554	59070	63043	64569	96574	
21150	22216	22802	22870	28080	28200	28298	28760	29891	33213	34716	38210	47380	58262	58570	59072	63044	64595	96900	
21151	22220	22804	23412	28090	28202	28299	28890	29892	33214	36460	38211	47381	58263	58571	59074	63045	64570	96902	

### Pain Management Procedures

27096	62264	62322	62351	62362	63650	63662	63685	64462	64480	64486	64489	64492	64495	64634	64640
27279	62320	62323	62360	62367	63655	63663	63688	64463	64483	64487	64490	64493	64600	64635	77003
62263	62321	62350	62361	62368	63661	63664	64461	64479	64484	64488	64491	64494	64633	64636	G0260

### Physical Therapy

PA required after Medicare therapy benefit cap has been reached.

97110	97112	97763
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### Prosthetics & Orthotics

L0452	L0486	L0650	L1005	L1680	L1710	L1755	L1844	L1900	L1920	L1950	L1980	L2005	L2030	L2037	L2060	L2106	L2128	L4631	L7259
L0480	L0622	L0700	L1110	L1685	L1720	L1834	L1846	L1904	L1940	L1960	L1990	L2010	L2034	L2038	L2080	L2108	L2232	L5856	L8614
L0482	L0637	L0710	L1640	L1700	L1730	L1840	L1860	L1907	L1945	L1970	L2000	L2020	L2036	L2050	L2090	L2126	L2800	L6026	
L0484	L0640	L1000																	

### Radiation Therapy & Radio Surgery

77520	77522	77523	77525	G0339	G0340	G6015	G6016	G6017	Q9950
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## Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

**Effective: 07/01/2019**

### Sleep Studies

95800\* 95801 95803 95805 95806 95807 95808 95810\*\* 95811\*\*

\*Home Sleep Studies non-covered

\*\*Non-covered if done in POS 12

### Speech Therapy

PA required after initial evaluation plus six (6) visits for office & outpatient settings.

92507 92508

### Transplant Services (Including Solid Organ and Bone Marrow)

Corneal transplants do not require PA.

38205	38230	38241	38243	44720	47133	47140	47142	47144	47146	50300	50323	50327	50329	50360	50370	48550	48552	48556	Q2042
38206	38240	38242	44715	44721	47135	47141	47143	47145	47147	50320	50325	50328	50340	50365	50380	48551	48554	Q2041	

### Transportation Services

PA required for Non-Emergent Air Ambulance transportation services. Emergency transport does not require Prior Authorization

A0430 A0431 A0999

### Unlisted/Miscellaneous Codes

Molina requires PA, as well as medical necessity documentation and rationale be submitted with the PA request for all Unlisted/Miscellaneous codes\*

01999	23929	31599	39599	44238	47999	55899	66999	76496	78299	81599	88099	92499	97799	A6262	E1399	J8499	L3999	Q0507	V2199
15999	24999	31899	40799	44799	48999	58578	67299	76497	78399	84999	88199	92700	99199	A9698	E1699	J8597	L5999	Q0508	V2797
17999	25999	32999	40899	44899	49329	58579	67399	76498	78499	85999	88299	93799	99429	A9699	G0235	J8999	L7499	Q0509	V2799
19499	26989	33999	41599	44979	49659	58679	67599	76499	78599	86486	88399	94799	99499	A9900	G0501	J9999	L8039	Q2039	V5298
20999	27299	36299	42299	45399	49999	58999	67999	76999	78699	86849	88749	95199	99600	A9999	G9012	K0812	L8499	Q4050	V5299
21089	27599	37501	42699	45499	50549	59897	68399	77299	78799	86999	89240	95999	A0999	B9998	H0046	K0898	L8698	Q4051	
21299	27899	37799	42999	45999	50949	59898	68899	77399	78999	87797	89398	96379	A4421	B9999	J7599	K0899	L8699	Q4082	
21499	28899	38129	43289	46999	51999	59899	69399	77499	79999	87798	90399	96549	A4641	C2698	J7699	L0999	L8701	Q4100	
21899	29999	38589	43499	47379	53899	60659	69799	77799	80299	87799	90749	96999	A4649	C2699	J7799	L1499	L8702	T1999	
22899	30999	38999	43659	47399	54699	60699	69949	78099	81099	87899	90899	97039	A4913	E0769	J7999	L2999	P9603	T2025	
22999	31299	39499	43999	47579	55559	64999	69979	78199	81479	87999	91299	97139	A6261	E0770	J8498	L3649	P9604	T5999	

\*Codes 29799, 90999, 93998 Do not require PA