Procedure Code	Description for Reference Only (Description is not in R360)
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR
44136	INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR
77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT D
80321	ALCOHOL BIOMARKERS; 1 OR 2
80322	ALCOHOL BIOMARKERS; 3 OR MORE
80324	AMPHETAMINES; 1 OR 2
80325	AMPHETAMINES; 3 OR 4
80326	AMPHETAMINES; 5 OR MORE
80327	ANABOLIC STEROIDS; 1 OR 2
80328	ANABOLIC STEROIDS; 3 OR MORE
80329	ANALGESICS, NON-OPIOID; 1 OR 2
80330	ANALGESICS, NON-OPIOID; 3-5
80331	ANALGESICS, NON-OPIOID; 6 OR MORE
80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2
80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5
80334	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 1 OR 2
80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 1 OR 2
80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 3-5
80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE
80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED
80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3
80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6
80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE
80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3
80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6
80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE
80346	BENZODIAZEPINES; 1-12
80347	BENZODIAZEPINES; 13 OR MORE
80349	CANNABINOIDS, NATURAL
80350	CANNABINOIDS, SYNTHETIC; 1-3
80351	CANNABINOIDS, SYNTHETIC; 4-6

Procedure Code	Description for Reference Only (Description is not in R360)
80352	CANNABINOIDS, SYNTHETIC; 7 OR MORE
80362	OPIOIDS AND OPIATE ANALOGS; 1 OR 2
80363	OPIOIDS AND OPIATE ANALOGS; 3 OR 4
80364	OPIOIDS AND OPIATE ANALOGS; 5 OR MORE
80369	SKELETAL MUSCLE RELAXANTS; 1 OR 2
80370	SKELETAL MUSCLE RELAXANTS; 3 OR MORE
80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE
80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE
80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE
88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE
90287	BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE
90291	CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE
90619	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, W, Y, QUADRIVALENT, TETANUS TO
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR INTRAMUSCULA
90748	HEPATITIS B AND HEMOPHILUS INFLUENZA B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL
92592	HEARING AID CHECK; MONAURAL
92593	HEARING AID CHECK; BINAURAL
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL
97151	BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFI
97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DI
97154	GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER
97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIA
97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER
97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PH
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
A0382	BLS ROUTINE DISPOSABLE SUPPLIES
A0398	ALS ROUTINE DISPOSABLE SUPPLIES
A0420	AMBULANCE WAITING TIME (ALS OR BLS), ONE HALF (1/2) HOUR INCREMENTS

Procedure Code	Description for Reference Only (Description is not in R360)
A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION
A0424	EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICAL REVIEW)
A0999	UNLISTED AMBULANCE SERVICE
A4206	SYRINGE WITH NEEDLE, STERILE 1CC, EACH
A4207	SYRINGE WITH NEEDLE, STERILE 1CC, EACH
A4208	SYRINGE WITH NEEDLE, STERILE 3CC, EACH
A4209	SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH
A4211	SUPPLIES FOR SELF-ADMINISTERED INJECTIONS
A4212	NON-CORING NEEDLE OR STYLET WITH OR WITHOUT CATHETER
A4213	SYRINGE, STERILE, 20 CC OR GREATER, EACH
A4215	NEEDLES ONLY, STERILE, ANY SIZE, EACH
A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP
A4223	INFUSION SUPPLIES NOT USED WITH EXTERNAL INFUSION PUMP, PER CASSETTE OR BAG (LIS
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)
A4252	IRRIGATION KITS, NONSTERILE
A4261	CERVICAL CAP FOR CONTRACEPTIVE USE
A4263	PERMANENT, LONG TERM, NON-DISSOLVABLE LACRIMAL DUCT IMPLANT, EACH
A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY
A4266	DIAPHRAGM FOR CONTRACEPTIVE USE
A4281	TUBING FOR BREAST PUMP, REPLACEMENT
A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT
A4283	CAP FOR BREAST PUMP BOTTLE, REPLACEMENT
A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT
A4285	POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT
A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT
A4300	IMPLANTABLE ACCESS CATHETER (VENOUS, ARTERIAL, EPIDURAL OR PERITONEAL), EXTERNAL
A4301	IMPLANTABLE ACCESS TOTAL SYSTEM; CATHETER, PORT/RESERVOIR (VENOUS, ARTERIAL OR E
A4305	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 50 ML OR GREATER PER HOUR

Procedure Code	Description for Reference Only (Description is not in R360)
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF 5 ML OR LESS PER HOUR
A4457	ENEMA TUBE, WITH OR WITHOUT ADAPTER, ANY TYPE, REPLACEMENT ONLY, EACH
A4465	NON-ELASTIC BINDER FOR EXTREMITY
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH
A4554	DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S)
A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER, WITH OR WITHOUT SWATHE CONT
A4570	SPLINT
A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALE
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4774	AMMONIA TEST PAPER, PER BOX
A4927	GLOVES, STERILE OR NON-STERILE, PER PAIR
A6025	SILICONE GEL SHEET, EACH
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A9150	NON-PRESCRIPTION DRUGS
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES AND COM
A9273	COLD OR HOT FLUID BOTTLE, ICE CAP OR COLLAR, HEAT AND/OR COLD WRAP, ANY TYPE
A9274	EXTERNAL AMBULATORY INSULIN DELIVERY SYSTEM, DISPOSABLE, EACH, INCLUDES ALL SUPP
A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE OR INTEGRATED, ANY TYPE, INCLUDES ALL ACC
A9284	SPIROMETER, NON-ELECTRONIC, INCLUDES ALL ACCESSORIES
B4100	FOOD THICKENER, ADMINISTERED ORALLY, PER OUNCE
C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGI
C9361	COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CENTIMETER L
C9362	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE
C9367	SKIN SUBSTITUTE, ENDOFORM DERMAL TEMPLATE, PER SQUARE CENTIMETER
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE
E0240	BATH/SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE
E0243	TOILET RAIL, EACH

Procedure Code	Description for Reference Only (Description is not in R360)
E0244	RAISED TOILET SEAT
E0245	TUB STOOL OR BENCH
E0246	TRANSFER TUB RAIL ATTACHMENT
E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMODE OPENING
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM, VALVING MECHANISM AND COLLECTION
E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE
E0604	BREAST PUMP, HOSPITAL GRADE, ELECTRIC (AC AND / OR DC), ANY TYPE
E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER
E0625	PATIENT LIFT, KARTOP, BATHROOM OR TOILET
E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHO
E0638	STANDING FRAME/TABLE SYSTEM, ONE POSITION (E.G. UPRIGHT, SUPINE OR PRONE STANDER
E0641	STANDING FRAME/TABLE SYSTEM, MULTI-POSITION (E.G. THREE-WAY STANDER), ANY SIZE I
E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE S
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)
E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST
E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS
E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTR
E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE F
E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING
E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOT
E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTREST
E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER,
E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST
E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHA
E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST
E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHAB
E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)

Procedure Code	Description for Reference Only (Description is not in R360)
E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND COMP
G0162	SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE
H0001	ALCOHOL AND/OR DRUG ASSESSMENT
H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES
H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN.
H0012	ALCOHOL AND/OR DRUG SERVICES; SUB-ACUTE DETOXIFICATION (RESIDENTIAL ADDICTION PR
H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATOR
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE ADMINISTRATION AND/OR SERVICE (PROVISION
H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN
H0033	ORAL MEDICATION ADMINISTRATION, DIRECT OBSERVATION
H0034	MEDICATION TRAINING AND SUPPORT, PER 15 MINUTES
H0038	SELF-HELP/PEER SERVICES, PER 15 MINUTES
H0047	ALCOHOL AND/OR OTHER DRUG ABUSE SERVICES, NOT OTHERWISE SPECIFIED
H0049	ALCOHOL AND/OR DRUG SCREENING
H0050	ALCOHOL AND/OR DRUG SERVICE, BRIEF INTERVENTION, PER 15 MINUTES
H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES
H2014	SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES
H2017	PSYCHOSOCIAL REHABILITATION SERVICES, PER 15 MINUTES
H2035	ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER HOUR
J1105	DEXMEDETOMIDINE, ORAL, 1 MCG
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG A
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER
J7294	SEGESTERONE ACETATE AND ETHINYL ESTRADIOL 0.15MG, 0.013MG PER 24 HOURS; YEARLY V
J7295	ETHINYL ESTRADIOL AND ETONOGESTREL 0.015MG, 0.12MG PER 24 HOURS; MONTHLY VAGINAL
J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG, 3 YEAR DURATIO
J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (MIRENA), 52 MG
J7300	INTRAUTERINE COPPER CONTRACEPTIVE
J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACI

Procedure Code	Description for Reference Only (Description is not in R360)
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP T
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPA
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK,
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGH
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BA
L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDE
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INC
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLU
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSSEOINT
S0215	NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE
S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS
S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT
S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT
S1015	IV TUBING EXTENSION SET
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUST
S1091	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM (PROPEL)
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTERO
S4005	INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESULTING IN DELIVERY)
S5036	HOME INFUSION THERAPY, REPAIR OF INFUSION DEVICE (E.G. PUMP REPAIR)
S8101	HOLDING CHAMBER OR SPACER FOR USE WITH AN INHALER OR NEBULIZER WITH MASK
S8185	FLUTTER DEVICE
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED
S8265	HABERMAN FEEDER FOR CLEFT LIP/PALATE
S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE
S8415	SUPPLIES FOR HOME DELIVERY OF INFANT

Procedure Code	Description for Reference Only (Description is not in R360)
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE
S8421	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), READY MADE
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT
S8424	GRADIENT PRESSURE AID (SLEEVE), READY MADE
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT
S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE
S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE
S8429	GRADIENT PRESSURE EXTERIOR WRAP
S8450	SPLINT, PREFABRICATED, DIGIT (SPECIFY DIGIT BY USE OF MODIFIER)
S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE
S8452	SPLINT, PREFABRICATED, ELBOW
S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAI
S9110	TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMP
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL,
T1002	RN SERVICES, UP TO 15 MINUTES
T1003	LPN/LVN SERVICES, UP TO 15 MINUTES
T1007	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, TREATMENT PLAN DEVELOPMENT AND/OR MODIF
T1015	CLINIC VISIT/ENCOUNTER, ALL-INCLUSIVE
T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES
T1019	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR
T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO C
T1026	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO C
T1027	FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT, PER 15 MINUTES
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CL
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS
T2101	HUMAN BREAST MILK PROCESSING, STORAGE AND DISTRIBUTION ONLY

Procedure Code	Description for Reference Only (Description is not in R360)
T4521	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL, EACH
T4522	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, MEDIUM, EACH
T4523	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE, EACH
T4524	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EXTRA LARGE, EACH
T4525	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, SMALL
T4526	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, MEDIU
T4527	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, LARGE
T4528	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EXTRA
T4529	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, SMALL/MEDIUM SIZE
T4530	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, LARGE SIZE, EACH
T4531	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON,
T4532	PEDIATRIC SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, L
T4533	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, BRIEF/DIAPER, EACH
T4534	YOUTH SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, EACH
T4535	DISPOSABLE LINER/SHIELD/GUARD/PAD/UNDERGARMENT, FOR INCONTINENCE, EACH
T4543	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE BRIEF/DIAPER, ABOVE EXTR
T4544	ADULT SIZED DISPOSABLE INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, ABOVE
V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE
V5010	ASSESSMENT FOR HEARING AID
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID
V5014	REPAIR/MODIFICATION OF A HEARING AID
V5160	DISPENSING FEE, BINAURAL
V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)
V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)
V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)
V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE
V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC
V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE
V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC
V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE
V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE

Procedure Code	Description for Reference Only (Description is not in R360)
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)
V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)
V5249	HEARING AID, ANALOG, BINAURAL, ITC
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE
V5254	HEARING AID, DIGITAL, MONAURAL, CIC
V5255	HEARING AID, DIGITAL, MONAURAL, ITC
V5256	HEARING AID, DIGITAL, MONAURAL, ITE
V5257	HEARING AID, DIGITAL, MONAURAL, BTE
V5258	HEARING AID, DIGITAL, BINAURAL, CIC
V5259	HEARING AID, DIGITAL, BINAURAL, ITC
V5260	HEARING AID, DIGITAL, BINAURAL, ITE
V5261	HEARING AID, DIGITAL, BINAURAL, BTE
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE
V5266	BATTERY FOR USE IN HEARING DEVICE
V5267	HEARING AID SUPPLIES / ACCESSORIES
V5275	EAR IMPRESSION, EACH
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED
A4335	INCONTINENCE WIPES