

EXPENDABLE MEDICAL SUPPLIES

CSHCN SERVICES PROGRAM PROVIDER MANUAL

FEBRUARY 2019



EXPENDABLE MEDICAL SUPPLIES

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18.1 Enrollment

To enroll in the CSHCN Services Program, providers of expendable medical supplies must be actively enrolled in Texas Medicaid, have a valid Provider Agreement with the CSHCN Services Program, have completed the CSHCN Services Program enrollment process, and comply with all applicable state laws and requirements. Out-of-state expendable medical supplies providers must meet all these conditions, and be located in the United States, within 50 miles of the Texas state border. Providers located more than 50 miles from the Texas border will be considered for approval by the Department of State Health Services (DSHS).

Important: *CSHCN Services Program providers are responsible for knowing, understanding, and complying with the laws, administrative rules, and policies of the CSHCN Services Program and Texas Medicaid.*

By enrolling in the CSHCN Services Program, providers are charged not only with knowledge of the adopted CSHCN Services Program agency rules published in Title 25 Texas Administrative Code (TAC), but also with knowledge of the adopted Medicaid agency rules published in 1 TAC, Part 15, and specifically including the fraud and abuse provisions contained in Chapter 371.

CSHCN Services Program providers also are required to comply with all applicable laws, administrative rules, and policies that apply to their professions or to their facilities. Specifically, it is a violation of program rules when a provider fails to provide health-care services or items to recipients in accordance with accepted medical community standards and standards that govern occupations, as explained in 1 TAC §371.1659 for Medicaid providers, which also applies to CSHCN Services Program providers as set forth in 25 TAC §38.6(b)(1). Accordingly, CSHCN Services Program providers can be subject to sanctions for failure to deliver, at all times, health-care items and services to recipients in full accordance with all applicable licensure and certification requirements. These include, without limitation, requirements related to documentation and record maintenance, such that a CSHCN Services Program provider can be subject to sanctions for failure to create and maintain all records required by his or her profession, as well as those required by the CSHCN Services Program and Texas Medicaid.

Referto: Section 2.1, “Provider Enrollment” in Chapter 2, “Provider Enrollment and Responsibilities” for more detailed information about CSHCN Services Program provider enrollment procedures.

18.2 Benefits, Limitations, and Authorization Requirements

The CSHCN Services Program provides benefits for expendable medical supplies for eligible clients. An expendable medical supply is defined as an item necessary to carry out a medical procedure or to maintain the client’s health at home.

Expendable is defined as being intended for single or short-term use before being discarded. Most supplies are not reusable and will be discarded after use. Some supplies, including, but not limited to, straight catheters, may be cleaned and reused. Supplies are a benefit only for those clients residing at home.

Expendable medical supplies are limited to a quantity used by the typical client.

Prior authorization is required with documentation of medical necessity that supports additional quantities greater than maximum limitations listed in the tables below for a client with exceptional needs. The following tables provide listings of these supplies and limitation amounts.

Referto: Section 4.3, “Prior Authorizations” in Chapter 4, “Prior Authorizations and Authorizations” for detailed information about authorization requirements.

18.2.1 Incontinence Supplies

Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation
A4310	2 per month	A4311	2 per month	A4312	2 per month
A4313	2 per month	A4314	2 per month	A4315	2 per month
A4316	2 per month	A4320	2 per month	A4322	4 per month
A4326	40 per month	A4327	4 per month	A4328	4 per month
A4330	As needed	A4335	2 per month	A4338	2 per month
A4340	2 per month	A4344	2 per month	A4346	2 per month
A4349	40 per month	A4351**	150 per month	A4352	150 per month
A4353	150 per month	A4354	2 per month	A4355	2 per month
A4356	2 per month	A4357	2 per month	A4358	2 per month
A4361	As needed	A4362	As needed	A4363	As needed
A4364	As needed	A4367	As needed	A4368	As needed
A4369	As needed	A4371	As needed	A4372	As needed
A4373	As needed	A4375	As needed	A4376	As needed
A4377	As needed	A4378	As needed	A4379	As needed
A4380	As needed	A4381	As needed	A4382	As needed
A4383	As needed	A4384	As needed	A4385	As needed
A4387	As needed	A4388	As needed	A4389	As needed
A4390	As needed	A4391	As needed	A4392	As needed
A4393	As needed	A4394	As needed	A4395	As needed
A4396	1 per day	A4397	As needed	A4398	As needed
A4399	1 per day	A4400	As needed	A4402	4 per month
A4404	As needed	A4405	As needed	A4406	As needed
A4407	As needed	A4408	As needed	A4409	As needed
A4410	As needed	A4411	As needed	A4412	As needed
A4413	As needed	A4414	As needed	A4415	As needed
A4421	As needed	A4422	As needed	A4554	120 per month
A4927	1 per month	A5051	As needed	A5052	As needed
A5053	As needed	A5054	As needed	A5055	As needed
A5056	As needed	A5057	As needed	A5061	As needed
A5062	As needed	A5063	As needed	A5071	As needed
A5072	As needed	A5073	As needed	A5081	As needed
A5082	As needed	A5083	As needed	A5093	As needed
A5102	2 per month	A5105	4 per year	A5112	2 per month
A5113	2 per month	A5114	2 per month	A5120	50 per month
A5121	As needed	A5122	As needed	A5126	As needed
*Any combination of diapers, pull-ups, briefs, or liners limited to a maximum of 240 per month without requiring prior authorization.					
** Modifier SC must be submitted when billing for a hydrophilic catheter.					

Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation
A5131	1 per month	A5200	2 per month	T4521	Limited per policy*
T4522	Limited per policy*	T4523	Limited per policy*	T4524	Limited per policy*
T4525	Limited per policy*	T4526	Limited per policy*	T4527	Limited per policy*
T4528	Limited per policy*	T4529	Limited per policy*	T4530	Limited per policy*
T4531	Limited per policy*	T4532	Limited per policy*	T4533	Limited per policy*
T4534	Limited per policy*	T4535	Limited per policy*	T4537	As needed
T4540	As needed	T4541	120 per month	T4542	120 per month
T4543	Limited per policy*	T4544	Limited per policy*		

* Any combination of diapers, pull-ups, briefs, or liners limited to a maximum of 240 per month without requiring prior authorization.
** Modifier SC must be submitted when billing for a hydrophilic catheter.

18.2.2 Wound Care Supplies

Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation
A4213	As needed	A4216	As needed	A4217	As needed
A4244	1 per month	A4246	1 per month	A4247	1 per month
A4248	As needed	A4305	As needed	A4306	As needed
A4331	2 per month	A4332	50 per month	A4333	2 per month
A4334	2 per month	A4366	As needed	A4416	As needed
A4417	As needed	A4419	As needed	A4423	As needed
A4424	As needed	A4425	As needed	A4426	As needed
A4427	As needed	A4429	As needed	A4430	As needed
A4431	As needed	A4432	As needed	A4433	As needed
A4434	As needed	A4435	As needed	A4452	20 per month
A4455	4 per month	A4456	50 per month	A4554	120 per month
A6010	As needed	A6011	As needed	A6021	As needed
A6022	As needed	A6023	As needed	A6024	As needed
A6025	As needed	A6154	As needed	A6197	As needed
A6197	As needed	A6198	As needed	A6199	As needed
A6203	As needed	A6204	As needed	A6205	As needed
A6210	As needed	A6211	As needed	A6214	As needed
A6215	As needed	A6217	As needed	A6218	As needed
A6220	As needed	A6221	As needed	A6228	As needed
A6229	As needed	A6230	As needed	A6234	As needed
A6235	As needed	A6236	As needed	A6238	As needed

Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation	Procedure Code	Maximum Limitation
A6239	As needed	A6240	As needed	A6241	As needed
A6242	As needed	A6248	As needed	A6250	2 per month
A6251	As needed	A6252	As needed	A6253	As needed
A6254	As needed	A6255	As needed	A6256	As needed
A6258	15 per month	A6259	15 per month	A6260	As needed
A6261	As needed	A6262	As needed	A6403	As needed
A6404	As needed	A6407	As needed	A6410	As needed
A6411	As needed	A6412	As needed	A6441	As needed
A6442	As needed	A6443	As needed	A6444	As needed
A6445	As needed	A6446	As needed	A6447	As needed
A6448	As needed	A6449	As needed	A6450	As needed
A6451	As needed	A6452	As needed	A6453	As needed
A6454	As needed	A6455	As needed	A6456	As needed
A6550	15 per month	A9273	1 per 3 years		

18.2.3 Examples of Covered Supplies

The following categories of medical supplies are a benefit of the CSHCN Services Program. This list is not all-inclusive:

- *Incontinence supplies*, including, but not limited to, diapers, briefs, pull-ups, liners, urinary catheters, gloves, lubricants, skin disinfectants, ostomy and catheterization supplies, pouches, wafers, cleaning solutions, catheters, and syringes.
- *Feeding supplies*, including, but not limited to, feeding bags for pumps, tubing, nasogastric tubes, syringes, nonobturated gastrostomy tubes, and low profile nonobturated gastrostomy devices (also known as gastrostomy button). Nonobturated gastrostomy tubes and nonobturated low profile gastrostomy devices are limited to two per year. (Enteral feeding pumps are considered durable medical equipment [DME].)
- *Wound care supplies*, including, but not limited to, dressings, tape, bandages, masks, eye patches, and ace wraps.
- *Diabetic care*, such as testing supplies and lancets. (Glucose monitors are considered DME.)
- *Miscellaneous supplies* used in the treatment of a medical condition.

Referto: Chapter 15, “Diabetic Equipment and Supplies” for more detailed information.

Chapter 17, “Durable Medical Equipment (DME)” for more detailed information.

Chapter 36, “Respiratory Equipment and Supplies” for more detailed information.

Articles of daily living are not a benefit of the CSHCN Services Program.

18.2.4 Diapers, Briefs, Pull-ups, and Liners

Diapers, briefs, pull-ups, or liners in any combination may be covered for clients who are 4 years of age and older who are incontinent as a direct result of a medical condition. Diapers, briefs, pull-ups, or liners do not require prior authorization up to a combined total of 240 items per month when the client has one of the diagnoses listed in the Appendix at the end of this chapter.

Referto: "Appendix A. Diagnosis Codes for Diapers, Briefs, Pull-Ups, and Liners" in this chapter.

Fax transmittal confirmations are not accepted as proof of timely prior authorization submissions.

Referto: Section 4.3, “Prior Authorizations” in Chapter 4, “Prior Authorizations and Authorizations” for detailed information about prior authorization requirements.

18.2.4.1 Gastrostomy Devices

The CSHCN Services Program may reimburse providers for nonobtured or obtured gastrostomy devices when prescribed by a physician.

18.2.4.1.1 Authorization Requirements

Two obtured gastrostomy devices per client, per rolling year, are a benefit only when provided by a physician. Documentation supporting medical necessity must be submitted with the claim for gastrostomy devices. Documentation supporting medical necessity includes but is not limited to the presence of a gastrostomy.

More than two obtured or nonobtured gastrostomy devices may be authorized if documentation supporting medical necessity is submitted with the claim. Documentation supporting medical necessity includes, but is not limited to, failure of device or infection at gastrostomy site.

The following procedure codes must be used to submit claims for gastrostomy devices:

Procedure Codes							
B4034	B4035	B4036	B4081	B4082	B4083	B4087	B4088

Procedure code B4035 is limited to a maximum of 31 per month by any provider. Providers may not bill a quantity greater than the number of days in the month for which they are submitting a claim. Claims with a quantity greater than the number of days in that month may be subject to a recoupment.

Procedure codes B4087 and B4088 are limited to two per rolling year.

Referto: Section 4.3, “Prior Authorizations” in Chapter 4, “Prior Authorizations and Authorizations” for detailed information about authorization requirements.

[CSHCN Services Program Prior Authorization Request for Diapers, Pull-ups, Briefs, or Liners Form and Instructions.](#)

18.2.4.1.2 Nonobtured Gastrostomy Devices

Nonobtured gastrostomy kits may be reimbursed to physicians, pharmacies, medical suppliers, and home health DME providers. Two devices are considered for reimbursement per year, per client. Additional devices may be considered for reimbursement if the documentation submitted with the claim indicates medical necessity (e.g., failure of the device or infection at the gastrostomy site).

18.2.4.1.3 Obtured Gastrostomy Devices

Obtured gastrostomy devices may be reimbursed only to physicians. Two devices may be considered for reimbursement per year, per client.

Referto: Section 31.2.21, “Gastrostomy Devices” in Chapter 31, “Physician” for information related to gastrostomy tube devices.

18.3 Claims Information

Expendable medical supplies must be submitted to TMHP in an approved electronic format or on the CMS-1500 paper claim form. Providers may purchase CMS-1500 paper claim forms from the vendor of their choice. TMHP does not supply the forms.

Home health DME providers must use benefit code DM3 on all claims and authorization and prior authorization requests. All other providers must use benefit code CSN on all claims and authorization and prior authorization requests.

When completing a CMS-1500 paper claim form, all required information must be included on the claim, as information is not keyed from attachments. Superbills, or itemized statements, are not accepted as claim supplements.

The Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes included in policy are subject to National Correct Coding Initiative (NCCI) relationships. Exceptions to NCCI code relationships that may be noted in CSHCN Services Program medical policy are no longer valid. Providers should refer to the [Centers for Medicare & Medicaid Services \(CMS\) NCCI web page](#) for correct coding guidelines and specific applicable code combinations. In instances when CSHCN Services Program medical policy quantity limitations are more restrictive than NCCI Medically Unlikely Edits (MUE) guidance, medical policy prevails.

Referto: Chapter 41, “TMHP Electronic Data Interchange (EDI)” for information on electronic claims submissions.

Chapter 5, “Claims Filing, Third-Party Resources, and Reimbursement” for general information about claims filing.

Section 5.7.2.4, “CMS-1500 Paper Claim Form Instructions” in Chapter 5, “Claims Filing, Third-Party Resources, and Reimbursement” for instructions on completing paper claims. Blocks that are not referenced are not required for processing by TMHP and may be left blank.

18.4 Reimbursement

Expendable medical supplies may be reimbursed the lower of the billed amount or the amount allowed by Texas Medicaid. Supplies may be reimbursed using the appropriate HCPCS codes. The CSHCN Services Program requires the provider to submit an itemized claim form for supplies for reimbursement.

For fee information, providers can refer to the Online Fee Lookup (OFL) on the TMHP website at www.tmhp.com.

The CSHCN Services Program implemented rate reductions for certain services. The OFL includes a column titled “Adjusted Fee” to display the individual fees with all percentage reductions applied. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.

Note: *Certain rate reductions including, but not limited to, reductions by place of service, client type program, or provider specialty may not be reflected in the Adjusted Fee column.*

18.5 TMHP-CSHCN Services Program Contact Center

The TMHP-CSHCN Services Program Contact Center at 1-800-568-2413 is available Monday through Friday from 7 a.m. to 7 p.m., Central Time, and is the main point of contact for the CSHCN Services Program provider community.

APPENDIX A. DIAGNOSIS CODES FOR DIAPERS, BRIEFS, PULL-UPS, AND LINERS

Diapers, briefs, pull-ups, or liners in any combination may be covered for clients who are 4 years of age and older who are incontinent as a direct result of a medical condition. Diapers, briefs, pull-ups, or liners do not require prior authorization up to a combined total of 240 items per month when the client has one of the diagnoses listed below.

Diagnosis Codes							
B20	B91	C641	C642	C651	C652	C661	C662
C670	C671	C672	C673	C674	C675	C676	C677
C678	C679	C680	C681	C688	C689	C700	C701
C710	C711	C712	C713	C714	C715	C716	C717
C718	C719	C720	C721	C7221	C7222	C7231	C7232
C7241	C7242	C729	C7901	C7902	C7919	C7931	C7932
C7940	C7949	C7A026	D320	D321	D330	D331	D333
D334	D337	D339	D433	E250	E258	E259	G14
G241	G242	G248	G249	G253	G40001	G40009	G40011
G40019	G40101	G40109	G40111	G40119	G40201	G40209	G40211
G40219	G40301	G40309	G40311	G40319	G40401	G40409	G40411
G40419	G40501	G40509	G40801	G40802	G40803	G40804	G40811
G40812	G40813	G40814	G40821	G40822	G40823	G40824	G4089
G40901	G40909	G40911	G40919	G40A01	G40A09	G40A11	G40A19
G40B01	G40B09	G40B11	G40B19	G7100	G7101	G7102	G7109
G7111	G712	G800	G801	G802	G803	G804	G808
G809	G8221	G8222	G834	G835	G8381	G8382	G8383
G8384	G8389	G910	G911	G950	I6782	I6789	I680
I6900	I69031	I69032	I69033	I69034	I69039	I69041	I69042
I69043	I69044	I69049	I69051	I69052	I69053	I69054	I69059
I69061	I69062	I69063	I69064	I69065	I69069	I69090	I69091
I69098	I6910	I69131	I69132	I69133	I69134	I69139	I69141
I69142	I69143	I69144	I69149	I69151	I69152	I69153	I69154
I69159	I69161	I69162	I69163	I69164	I69165	I69169	I69190
I69191	I69198	I6920	I69231	I69232	I69233	I69234	I69239
I69241	I69242	I69243	I69244	I69249	I69251	I69252	I69253
I69254	I69259	I69261	I69262	I69263	I69264	I69265	I69269
I69290	I69291	I69298	I6930	I69331	I69332	I69333	I69334
I69339	I69341	I69342	I69343	I69344	I69349	I69351	I69352
I69353	I69354	I69359	I69361	I69362	I69363	I69364	I69365
I69369	I69390	I69391	I69398	I6980	I69831	I69832	I69833
I69834	I69839	I69841	I69842	I69843	I69844	I69849	I69851
I69852	I69853	I69854	I69859	I69861	I69862	I69863	I69864
I69865	I69869	I69890	I69891	I69898	I6990	I69928	I69931

Diagnosis Codes							
I69932	I69933	I69934	I69939	I69941	I69942	I69943	I69944
I69949	I69952	I69953	I69954	I69959	I69961	I69962	I69963
I69964	I69965	I69969	I69990	I69991	I69998	N130	N131
N132	N1330	N1339	N35010	N35011	N35012	N35013	N35014
N35016	N35028	N35111	N35112	N35113	N35114	N35116	N35119
N3512	N35811	N35812	N35813	N35814	N35816	N35819	N3582
N35911	N35912	N35913	N35914	N35916	N35919	N3592	N360
N365	N37	N99110	N99111	N99112	N99113	N99114	N99115
N99116	N9912	N99523	N99524	N99533	N99534	N99840	N99841
N99842	N99843	P115	Q010	Q011	Q012	Q018	Q030
Q031	Q038	Q039	Q041	Q042	Q043	Q045	Q046
Q048	Q050	Q051	Q052	Q053	Q054	Q058	Q060
Q061	Q062	Q063	Q064	Q068	Q0701	Q0702	Q0703
Q410	Q411	Q412	Q419	Q420	Q421	Q422	Q423
Q428	Q431	Q432	Q433	Q434	Q435	Q437	Q438
Q6211	Q6212	Q622	Q6231	Q6232	Q6239	Q624	Q625
Q6261	Q6262	Q6263	Q628	Q630	Q631	Q632	Q633
Q638	Q6410	Q6411	Q6412	Q6419	Q642	Q6431	Q6432
Q6433	Q644	Q645	Q646	Q6471	Q6472	Q6473	Q6474
Q6475	Q6479	Q792	Q793	Q794	Q7959	Q8500	R301
R392	R3982	R3989	R532	S12000A	S12000B	S12000D	S12000G
S12000K	S12000S	S12001A	S12001B	S12001D	S12001G	S12001K	S12001S
S1201XA	S1201XB	S1201XD	S1201XG	S1201XK	S1201XS	S1202XA	S1202XB
S1202XD	S1202XG	S1202XK	S1202XS	S12030A	S12030B	S12030D	S12030G
S12030K	S12030S	S12031A	S12031B	S12031D	S12031G	S12031K	S12031S
S12040A	S12040B	S12040D	S12040G	S12040K	S12040S	S12041A	S12041B
S12041D	S12041G	S12041K	S12041S	S12090A	S12090B	S12090D	S12090G
S12090K	S12090S	S12091A	S12091B	S12091D	S12091G	S12091K	S12091S
S12100A	S12100B	S12100D	S12100G	S12100K	S12100S	S12101A	S12101B
S12101D	S12101G	S12101K	S12101S	S12110A	S12110B	S12110D	S12110G
S12110K	S12110S	S12111A	S12111B	S12111D	S12111G	S12111K	S12111S
S12112A	S12112B	S12112D	S12112G	S12112K	S12112S	S12120A	S12120B
S12120D	S12120G	S12120K	S12120S	S12121A	S12121B	S12121D	S12121G
S12121K	S12121S	S12130A	S12130B	S12130D	S12130G	S12130K	S12130S
S12131A	S12131B	S12131D	S12131G	S12131K	S12131S	S1214XA	S1214XB
S1214XD	S1214XG	S1214XK	S1214XS	S12150A	S12150B	S12150D	S12150G
S12150K	S12150S	S12151A	S12151B	S12151D	S12151G	S12151K	S12151S
S12190A	S12190B	S12190D	S12190G	S12190K	S12190S	S12191A	S12191B
S12191D	S12191G	S12191K	S12191S	S12200A	S12200B	S12200D	S12200G
S12200K	S12200S	S12201A	S12201B	S12201D	S12201G	S12201K	S12201S

Diagnosis Codes							
S12230A	S12230B	S12230D	S12230G	S12230K	S12230S	S12231A	S12231B
S12231D	S12231G	S12231K	S12231S	S1224XA	S1224XB	S1224XD	S1224XG
S1224XK	S1224XS	S12250A	S12250B	S12250D	S12250G	S12250K	S12250S
S12251A	S12251B	S12251D	S12251G	S12251K	S12251S	S12290A	S12290B
S12290D	S12290G	S12290K	S12290S	S12291A	S12291B	S12291D	S12291G
S12291K	S12291S	S12300A	S12300B	S12300D	S12300G	S12300K	S12300S
S12301A	S12301B	S12301D	S12301G	S12301K	S12301S	S12330A	S12330B
S12330D	S12330G	S12330K	S12330S	S12331A	S12331B	S12331D	S12331G
S12331K	S12331S	S1234XA	S1234XB	S1234XD	S1234XG	S1234XK	S1234XS
S12350A	S12350B	S12350D	S12350G	S12350K	S12350S	S12351A	S12351B
S12351D	S12351G	S12351K	S12351S	S12390A	S12390B	S12390D	S12390G
S12390K	S12390S	S12391A	S12391B	S12391D	S12391G	S12391K	S12391S
S12400A	S12400B	S12400D	S12400G	S12400K	S12400S	S12401A	S12401B
S12401D	S12401G	S12401K	S12401S	S12430A	S12430B	S12430D	S12430G
S12430K	S12430S	S12431A	S12431B	S12431D	S12431G	S12431K	S12431S
S1244XA	S1244XB	S1244XD	S1244XG	S1244XK	S1244XS	S12450A	S12450B
S12450D	S12450G	S12450K	S12450S	S12451A	S12451B	S12451D	S12451G
S12451K	S12451S	S12490A	S12490B	S12490D	S12490G	S12490K	S12490S
S12491A	S12491B	S12491D	S12491G	S12491K	S12491S	S12500A	S12500B
S12500D	S12500G	S12500K	S12500S	S12501A	S12501B	S12501D	S12501G
S12501K	S12501S	S12530A	S12530B	S12530D	S12530G	S12530K	S12530S
S12531A	S12531B	S12531D	S12531G	S12531K	S12531S	S1254XA	S1254XB
S1254XD	S1254XG	S1254XK	S1254XS	S12550A	S12550B	S12550D	S12550G
S12550K	S12550S	S12551A	S12551B	S12551D	S12551G	S12551K	S12551S
S12590A	S12590B	S12590D	S12590G	S12590K	S12590S	S12591A	S12591B
S12591D	S12591G	S12591K	S12591S	S12600A	S12600B	S12600D	S12600G
S12600K	S12600S	S12601A	S12601B	S12601D	S12601G	S12601K	S12601S
S12630A	S12630B	S12630D	S12630G	S12630K	S12630S	S12631A	S12631B
S12631D	S12631G	S12631K	S12631S	S1264XA	S1264XB	S1264XD	S1264XG
S1264XK	S1264XS	S12650A	S12650B	S12650D	S12650G	S12650K	S12650S
S12651A	S12651B	S12651D	S12651G	S12651K	S12651S	S12690A	S12690B
S12690D	S12690G	S12690K	S12690S	S12691A	S12691B	S12691D	S12691G
S12691K	S12691S	S128XXA	S128XXD	S128XXS	S129XXA	S129XXD	S129XXS
S14101A	S14101D	S14101S	S14102A	S14102D	S14102S	S14103A	S14103D
S14103S	S14104A	S14104D	S14104S	S14105A	S14105D	S14105S	S14106A
S14106D	S14106S	S14107A	S14107D	S14107S	S14108A	S14108D	S14108S
S14111A	S14111D	S14111S	S14112A	S14112D	S14112S	S14113A	S14113D
S14113S	S14114A	S14114D	S14114S	S14115A	S14115D	S14115S	S14116A
S14116D	S14116S	S14117A	S14117D	S14117S	S14118A	S14118D	S14118S
S14121A	S14121D	S14121S	S14122A	S14122D	S14122S	S14123A	S14123D

Diagnosis Codes							
S14123S	S14124A	S14124D	S14124S	S14125A	S14125D	S14125S	S14126A
S14126D	S14126S	S14127A	S14127D	S14127S	S14128A	S14128D	S14128S
S14131A	S14131D	S14131S	S14132A	S14132D	S14132S	S14133A	S14133D
S14133S	S14134A	S14134D	S14134S	S14135A	S14135D	S14135S	S14136A
S14136D	S14136S	S14137A	S14137D	S14137S	S14138A	S14138D	S14138S
S14141A	S14141D	S14141S	S14142A	S14142D	S14142S	S14143A	S14143D
S14143S	S14144A	S14144D	S14144S	S14145A	S14145D	S14145S	S14146A
S14146D	S14146S	S14147A	S14147D	S14147S	S14151A	S14151D	S14151S
S14152A	S14152D	S14152S	S14153A	S14153D	S14153S	S14154A	S14154D
S14154S	S14155A	S14155D	S14155S	S14156A	S14156D	S14156S	S14157A
S14157D	S14157S	S14158A	S14158D	S14158S	S22000A	S22000B	S22000D
S22000G	S22000K	S22000S	S22001A	S22001B	S22001D	S22001G	S22001K
S22001S	S22002A	S22002B	S22002D	S22002G	S22002K	S22002S	S22008A
S22008B	S22008D	S22008G	S22008K	S22008S	S22009A	S22009B	S22009D
S22009G	S22009K	S22009S	S22010A	S22010B	S22010D	S22010G	S22010K
S22010S	S22011A	S22011B	S22011D	S22011G	S22011K	S22011S	S22012A
S22012B	S22012D	S22012G	S22012K	S22012S	S22018A	S22018B	S22018D
S22018G	S22018K	S22018S	S22019A	S22019B	S22019D	S22019G	S22019K
S22019S	S22020A	S22020B	S22020D	S22020G	S22020K	S22020S	S22021A
S22021B	S22021D	S22021G	S22021K	S22021S	S22022A	S22022B	S22022D
S22022G	S22022K	S22022S	S22028A	S22028B	S22028D	S22028G	S22028K
S22028S	S22029A	S22029B	S22029D	S22029G	S22029K	S22029S	S22030A
S22030B	S22030D	S22030G	S22030K	S22030S	S22031A	S22031B	S22031D
S22031G	S22031K	S22031S	S22032A	S22032B	S22032D	S22032G	S22032K
S22032S	S22038A	S22038B	S22038D	S22038G	S22038K	S22038S	S22039A
S22039B	S22039D	S22039G	S22039K	S22039S	S22040A	S22040B	S22040D
S22040G	S22040K	S22040S	S22041A	S22041B	S22041D	S22041G	S22041K
S22041S	S22042A	S22042B	S22042D	S22042G	S22042K	S22042S	S22048A
S22048B	S22048D	S22048G	S22048K	S22048S	S22049A	S22049B	S22049D
S22049G	S22049K	S22049S	S22050A	S22050B	S22050D	S22050G	S22050K
S22050S	S22051A	S22051B	S22051D	S22051G	S22051K	S22051S	S22052A
S22052B	S22052D	S22052G	S22052K	S22052S	S22058A	S22058B	S22058D
S22058G	S22058K	S22058S	S22059A	S22059B	S22059D	S22059G	S22059K
S22059S	S22060A	S22060B	S22060D	S22060G	S22060K	S22060S	S22061A
S22061B	S22061D	S22061G	S22061K	S22061S	S22062A	S22062B	S22062D
S22062G	S22062K	S22062S	S22068A	S22068B	S22068D	S22068G	S22068K
S22068S	S22069A	S22069B	S22069D	S22069G	S22069K	S22069S	S22070A
S22070B	S22070D	S22070G	S22070K	S22070S	S22071A	S22071B	S22071D
S22071G	S22071K	S22071S	S22072A	S22072B	S22072D	S22072G	S22072K
S22072S	S22078A	S22078B	S22078D	S22078G	S22078K	S22078S	S22079A

Diagnosis Codes							
S22079B	S22079D	S22079G	S22079K	S22079S	S22080A	S22080B	S22080D
S22080G	S22080K	S22080S	S22081A	S22081B	S22081D	S22081G	S22081K
S22081S	S22082A	S22082B	S22082D	S22082G	S22082K	S22082S	S22088A
S22088B	S22088D	S22088G	S22088K	S22088S	S22089A	S22089B	S22089D
S22089G	S22089K	S22089S	S24101A	S24101D	S24101S	S24102A	S24102D
S24102S	S24103A	S24103D	S24103S	S24104A	S24104D	S24104S	S24111A
S24111D	S24111S	S24112A	S24112D	S24112S	S24113A	S24113D	S24113S
S24114A	S24114D	S24114S	S24131A	S24131D	S24131S	S24132A	S24132D
S24132S	S24133A	S24133D	S24133S	S24134A	S24134D	S24134S	S24141A
S24141D	S24141S	S24142A	S24142D	S24142S	S24143A	S24143D	S24143S
S24144A	S24144D	S24144S	S24151A	S24151D	S24151S	S24152A	S24152D
S24152S	S24153A	S24153D	S24153S	S24154A	S24154D	S24154S	S32009A
S32009B	S32009D	S32009G	S32009K	S32009S	S32010A	S32010B	S32010D
S32010G	S32010K	S32010S	S32011A	S32011B	S32011D	S32011G	S32011K
S32011S	S32012A	S32012B	S32012D	S32012G	S32012K	S32012S	S32018A
S32018B	S32018D	S32018G	S32018K	S32018S	S32020A	S32020B	S32020D
S32020G	S32020K	S32020S	S32021A	S32021B	S32021D	S32021G	S32021K
S32021S	S32022A	S32022B	S32022D	S32022G	S32022K	S32022S	S32028A
S32028B	S32028D	S32028G	S32028K	S32028S	S32030A	S32030B	S32030D
S32030G	S32030K	S32030S	S32031A	S32031B	S32031D	S32031G	S32031K
S32031S	S32032A	S32032B	S32032D	S32032G	S32032K	S32032S	S32038A
S32038B	S32038D	S32038G	S32038K	S32038S	S32040A	S32040B	S32040D
S32040G	S32040K	S32040S	S32041A	S32041B	S32041D	S32041G	S32041K
S32041S	S32042A	S32042B	S32042D	S32042G	S32042K	S32042S	S32048A
S32048B	S32048D	S32048G	S32048K	S32048S	S32050A	S32050B	S32050D
S32050G	S32050K	S32050S	S32051A	S32051B	S32051D	S32051G	S32051K
S32051S	S32052A	S32052B	S32052D	S32052G	S32052K	S32052S	S32058A
S32058B	S32058D	S32058G	S32058K	S32058S	S32110A	S32110B	S32110D
S32110G	S32110K	S32110S	S32111A	S32111B	S32111D	S32111G	S32111K
S32111S	S32112A	S32112B	S32112D	S32112G	S32112K	S32112S	S32120A
S32120B	S32120D	S32120G	S32120K	S32120S	S32121A	S32121B	S32121D
S32121G	S32121K	S32121S	S32122A	S32122B	S32122D	S32122G	S32122K
S32122S	S32130A	S32130B	S32130D	S32130G	S32130K	S32130S	S32131A
S32131B	S32131D	S32131G	S32131K	S32131S	S32132A	S32132B	S32132D
S32132G	S32132K	S32132S	S3214XA	S3214XB	S3214XD	S3214XG	S3214XK
S3214XS	S3215XA	S3215XB	S3215XD	S3215XG	S3215XK	S3215XS	S3216XA
S3216XB	S3216XD	S3216XG	S3216XK	S3216XS	S3217XA	S3217XB	S3217XD
S3217XG	S3217XK	S3217XS	S3219XA	S3219XB	S3219XD	S3219XG	S3219XK
S3219XS	S322XXA	S322XXB	S322XXD	S322XXG	S322XXK	S322XXS	T83011A
T83011D	T83011S	T83021A	T83021D	T83021S	T83031A	T83031D	T83031S

Diagnosis Codes							
T83032A	T83032D	T83032S	T83091A	T83091D	T83091S	T83092A	T83092D
T83092S	T83511A	T83511D	T83511S	T83518A	T83518D	T83518S	