



Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

Effective: 10-1-19

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.

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 Surgical Center (ASC) or inpatient stay, Local Health Department (LHD) Services, and other services based on State requirements.

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

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



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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	E0762	E1002	E1035	E1296	E2294	E2330	E2375	E2607	E2624	K0014	K0816	K0836	K0854	K0871	L8694	Q4202
A9900	E0295	E0465	E0764	E1003	E1036	E1298	E2295	E2340	E2376	E2608	E2625	K0108	K0820	K0837	K0855	K0877	Q4183	Q4203
A9901	E0296	E0466	E0766	E1004	E1161	E1310	E2300	E2341	E2377	E2609	E2626	K0553	K0821	K0838	K0856	K0878	Q4184	Q4204
C2624	E0297	E0467	E0782	E1005	E1225	E1399	E2310	E2342	E2378	E2611	E2627	K0554	K0822	K0839	K0857	K0879	Q4185	V2530
E0194	E0300	E0483	E0783	E1006	E1226	E1700	E2311	E2343	E2397	E2612	E2628	K0606	K0823	K0840	K0858	K0880	Q4186	V2531
E0255	E0301	E0652	E0784	E1007	E1227	E2201	E2312	E2351	E2500	E2613	E2629	K0800	K0824	K0841	K0859	K0884	Q4187	
E0256	E0302	E0691	E0785	E1008	E1230	E2202	E2313	E2361	E2502	E2614	E2630	K0801	K0825	K0842	K0860	K0885	Q4188	
E0260	E0303	E0692	E0786	E1010	E1232	E2203	E2321	E2366	E2504	E2615	E2631	K0802	K0826	K0843	K0861	K0886	Q4190	
E0261	E0304	E0693	E0849	E1012	E1233	E2204	E2322	E2367	E2506	E2616	K0008	K0806	K0827	K0848	K0862	K0890	Q4191	
E0265	E0328	E0694	E0855	E1014	E1234	E2227	E2325	E2368	E2508	E2617	K0009	K0807	K0828	K0849	K0863	K0891	Q4193	
E0266	E0329	E0747	E0983	E1020	E1235	E2228	E2326	E2369	E2510	E2620	K0010	K0808	K0829	K0850	K0864	K0900	Q4194	
E0277	E0371	E0748	E0984	E1028	E1236	E2291	E2327	E2370	E2511	E2621	K0011	K0813	K0830	K0851	K0868	L3761	Q4198	
E0292	E0372	E0749	E0986	E1029	E1237	E2292	E2328	E2373	E2605	E2622	K0012	K0814	K0831	K0852	K0869	L7700	Q4200	
E0293	E0373	E0760	E0988	E1030	E1238	E2293	E2329	E2374	E2606	E2623	K0013	K0815	K0835	K0853	K0870	L8625	Q4201	

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	95976	0102T	0198T	0216T	0238T	0274T	0338T	0362T	0409T	0424T	0440T	0476T	0491T	0506T	0521T	0536T	Q4164
31299	95977	0106T	0200T	0217T	0249T	0275T	0339T	0373T	0410T	0425T	0441T	0477T	0492T	0507T	0522T	0541T	Q4165
33440	95983	0107T	0201T	0218T	0253T	0278T	0342T	0394T	0411T	0426T	0442T	0478T	0493T	0508T	0523T	0542T	Q4189
33866	99499	0108T	0202T	0219T	0254T	0290T	0347T	0395T	0412T	0427T	0443T	0479T	0494T	0509T	0524T	A4563	Q4192
67299	0054T	0109T	0205T	0220T	0263T	0295T	0348T	0396T	0413T	0428T	0444T	0480T	0495T	0510T	0525T	C1823	Q4195
81503	0055T	0110T	0206T	0221T	0264T	0296T	0349T	0397T	0414T	0429T	0445T	0481T	0496T	0511T	0526T	C8937	Q4196
82016	0058T	0111T	0207T	0222T	0265T	0297T	0350T	0398T	0415T	0430T	0446T	0482T	0497T	0512T	0527T	C9751	Q4197
82017	0071T	0126T	0208T	0228T	0266T	0298T	0351T	0399T	0416T	0431T	0447T	0483T	0498T	0513T	0528T	C9752	
83987	0072T	0163T	0209T	0229T	0267T	0312T	0352T	0400T	0417T	0432T	0448T	0484T	0499T	0514T	0529T	C9753	
84145	0075T	0164T	0210T	0230T	0268T	0313T	0353T	0401T	0418T	0433T	0470T	0485T	0500T	0515T	0530T	C9754	
86316	0076T	0165T	0211T	0231T	0269T	0314T	0354T	0402T	0419T	0434T	0471T	0486T	0501T	0516T	0531T	C9755	
86343	0095T	0174T	0212T	0234T	0270T	0315T	0355T	0403T	0420T	0435T	0472T	0487T	0502T	0517T	0532T	L8608	
93264	0098T	0175T	0213T	0235T	0271T	0316T	0356T	0404T	0421T	0436T	0473T	0488T	0503T	0518T	0533T	Q4161	
93998	0100T	0184T	0214T	0236T	0272T	0317T	0357T	0405T	0422T	0437T	0474T	0489T	0504T	0519T	0534T	Q4162	
95836	0101T	0191T	0215T	0237T	0273T	0335T	0358T	0408T	0423T	0439T	0475T	0490T	0505T	0520T	0535T	Q4163	

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	81222	81235	81259	81287	81312	81333	81363	81411	81430	81443	81518	81595	0004M	0016U	0045U	0060U
81106	81164	81179	81201	81223	81236	81265	81289	81313	81334	81364	81412	81431	81445	81519	81596	0006M	0017U	0046U	0050T
81107	81165	81180	81203	81225	81237	81266	81291	81314	81335	81400	81413	81432	81448	81520	83006	0007M	0022U	0047U	0056T

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81108	81166	81181	81204	81226	81238	81269	81292	81317	81336	81401	81414	81433	81450	81521	84999*	0009M	0026U	0048U	0507T
81109	81167	81182	81210	81227	81239	81271	81294	81319	81337	81402	81415	81434	81455	81525	86152	0005U	0027U	0049U	0508T
81110	81171	81183	81212	81228	81243	81272	81295	81320	81343	81403	81416	81435	81460	81535	86153	0008U	0029U	0050U	G9143
81111	81172	81184	81215	81229	81244	81273	81297	81321	81344	81404	81417	81436	81465	81536	88261	0009U	0030U	0053U	
81112	81173	81185	81216	81230	81246	81274	81298	81323	81345	81405	81420	81437	81470	81538	88271	0010U	0031U	0055U	
81120	81174	81186	81217	81231	81247	81283	81300	81324	81346	81406	81422	81438	81471	81540	88369	0011U	0032U	0056U	
81121	81175	81187	81218	81232	81248	81284	81305	81325	81355	81407	81425	81439	81493	81541	88373	0012U	0033U	0057U	
81161	81176	81188	81219	81233	81249	81285	81306	81328	81361	81408	81426	81440	81504	81545	88374	0013U	0034U	0058U	
81162	81177	81189	81221	81234	81258	81286	81311	81329	81362	81410	81427	81442	81507	81551	88377	0014U	0037U	0059U	

*84999: Including Oncotype Dx

Healthcare Administered Drugs

90284	J0207	J0594	J0875	J1442	J1572	J1745	J2350	J2793	J3357	J7185	J7205	J7326	J9017	J9055	J9179	J9218	J9293	J9352	Q4074
90378	J0220	J0596	J0878	J1447	J1573	J1750	J2353	J2796	J3358	J7186	J7207	J7327	J9019	J9057	J9181	J9219	J9295	J9354	Q5101
A9513	J0221	J0597	J0881	J1453	J1575	J1756	J2354	J2820	J3380	J7187	J7209	J7328	J9022	J9060	J9185	J9225	J9299	J9355	Q5103
A9542	J0256	J0598	J0885	J1458	J1595	J1786	J2357	J2840	J3385	J7188	J7210	J7330	J9023	J9065	J9190	J9226	J9301	J9357	Q5104
A9543	J0257	J0599	J0888	J1459	J1599	J1826	J2425	J2860	J3396	J7189	J7211	J7340	J9025	J9070	J9200	J9228	J9302	J9360	Q5108
B4105	J0287	J0604	J0894	J1460	J1602	J1830	J2430	J2916	J3398	J7190	J7308	J7504	J9027	J9098	J9201	J9229	J9303	J9370	Q5510
C9132	J0289	J0606	J0895	J1555	J1627	J1833	J2469	J2941	J3489	J7191	J7309	J7511	J9032	J9100	J9202	J9230	J9305	J9371	Q9991
C9257*	J0364	J0637	J0897	J1556	J1628	J1930	J2502	J3060	J3490	J7192	J7310	J7527	J9033	J9120	J9203	J9245	J9306	J9390	Q9992
C9293	J0480	J0638	J1230	J1557	J1640	J1931	J2503	J3090	J3590	J7193	J7311	J7639	J9034	J9130	J9205	J9261	J9307	J9395	
C9399	J0485	J0640	J1290	J1559	J1645	J1950	J2504	J3095	J3591	J7194	J7312	J7682	J9035*	J9145	J9206	J9262	J9308	J9400	
C9488	J0490	J0641	J1300	J1560	J1650	J1955	J2505	J3110	J7170	J7195	J7313	J7686	J9039	J9150	J9207	J9263	J9310	J9600	
J0129	J0565	J0695	J1301	J1561	J1652	J2020	J2507	J3145	J7175	J7196	J7316	J8520	J9040	J9153	J9208	J9264	J9312	J9999	
J0135	J0567	J0714	J1322	J1562	J1675	J2170	J2562	J3240	J7178	J7197	J7320	J8521	J9041	J9155	J9209	J9266	J9315	Q0138	
J0178	J0570	J0717	J1324	J1566	J1726	J2182	J2597	J3262	J7179	J7198	J7321	J8655	J9042	J9160	J9211	J9267	J9325	Q0139	
J0180	J0585	J0725	J1325	J1568	J1729	J2248	J2724	J3285	J7180	J7199	J7322	J8670	J9043	J9171	J9214	J9268	J9328	Q2043	
J0185	J0586	J0800	J1428	J1569	J1740	J2315	J2778	J3315	J7181	J7200	J7323	J8700	J9045	J9173	J9215	J9271	J9330	Q2050	
J0202	J0587	J0850	J1438	J1570	J1743	J2323	J2783	J3316	J7182	J7201	J7324	J9000	J9047	J9176	J9216	J9280	J9340	Q3027	
J0205	J0588	J0775	J1439	J1571	J1744	J2326	J2786	J3355	J7183	J7202	J7325	J9015	J9050	J9178	J9217	J9285	J9351	Q3028	

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

Home Health Care Services

PA require for all home health services after initial evaluation plus two (2) visits per calendar year. These visits are for a combination of services, not per discipline. This benefit is the member's benefit per calendar year, not per provider or each start of care.

042X	044X	056X	G0151	G0153	G0156	G0158	G0160	G0162	G0300	G0494	G0496
043X	055X	057X	G0152	G0155*	G0157	G0159	G0161	G0299*	G0493	G0495	T1019**

*Excluding Hospice

**Contact Molina Case Manager or Waiver Service Coordinator for waiver services

Hyperbaric Therapy

G0277	99183	Q4176	Q4177	Q4178	Q4179	Q4180	Q4181	Q4182
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Imaging and Special Tests

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

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	

Occupational Therapy

PA required after therapy benefit cap has been reached.

97110	97112	97763
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Out-Patient (OP) Hospital/Ambulatory Surgery Center (ASC) Procedures

10040	21154	22222	22812	26499	28102	28220	28304	29819	29895	33225	36471	43772	53852	58350	58940	63001	63081	69718	C9738
15730	21155	22224	22818	27120	28103	28222	28305	29820	29897	33227	36475	43773	53854	58356	58943	63003	63082	69930	C9739
15733	21159	22226	22819	27122	28104	28225	28306	29821	29898	33228	36476	43774	54401	58540	58950	63005	63085	90867	C9740
15786	21160	22505	22830	27125	28106	28226	28307	29822	29899	33229	36478	43775	54405	58541	58951	63011	63086	90868	C9746
15787	21172	22532	22840	27130	28107	28230	28308	29823	29914	33230	36479	43843	55874	58542	58952	63012	63087	90869	C9747
15819	21175	22533	22841	27132	28108	28232	28309	29824	29915	33231	36482	43845	57288	58543	58953	63015	63088	95249	C9748
15830	21240	22534	22842	27134	28110	28234	28310	29825	29916	33240	36483	43846	57289	58544	58954	63016	63090	93229	K0903
17004	21242	22548	22843	27137	28111	28238	28312	29826	30465	33249	36514	43847	58150	58545	58956	63017	63091	95909	
17360	21243	22551	22844	27138	28112	28240	28313	29827	30520	33251	37191	43848	58180	58546	58957	63020	63101	96567	
19294	21270	22552	22845	27438	28113	28250	28315	29828	30540	33254	37243	43881	58152	58548	58958	63030	63102	96570	
20930	21280	22554	22846	27440	28114	28260	28320	29873	30545	33261	37700	43882	58200	58550	58970	63035	63103	96571	
20939	21282	22556	22847	27441	28116	28261	28322	29874	31253	33262	37718	43886	58210	58552	58974	63040	64553	96573	
21073	21295	22558	22848	27442	28118	28262	28340	29875	31257	33263	37722	43887	58240	58553	58976	63042	64568	96574	
21120	21296	22585	22849	27443	28119	28264	28341	29876	31259	33264	37735	43888	58260	58554	59070	63043	64569	96900	
21121	22100	22586	22850	27445	28120	28270	28344	29877	31295	33265	37760	47380	58262	58570	59072	63044	64595	96902	
21122	22101	22590	22852	27446	28122	28272	28345	29879	31296	33266	37761	47381	58263	58571	59074	63045	64570	96904	
21123	22102	22595	22855	27447	28124	28280	28360	29880	31297	33270	37765	47382	58267	58572	59076	63046	64590	96910	
21125	22103	22600	22856	27486	28126	28285	28705	29881	31298	33274	37766	47605	58270	58573	61863	63047	64912	96912	
21127	22110	22610	22857	27487	28130	28286	28715	29882	31660	33275	37780	47610	58275	58660	61864	63048	64913	96913	
21137	22112	22612	22861	28005	28140	28288	28725	29883	31661	33289	37785	47612	58280	58661	61867	63050	65772	96920	



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21138	22114	22614	22862	28008	28150	28289	28730	29884	32491	33979	38204	47620	58285	58662	61868	63051	65775	96921
21139	22116	22630	22864	28010	28153	28291	28735	29885	32994	34713	38232	49255	58290	58672	61885	63055	67900	96922
21141	22206	22632	22865	28011	28160	28292	28737	29886	33206	34714	38573	49904	58291	58673	61886	63056	67901	96931
21142	22207	22633	22867	28035	28171	28295	28740	29887	33207	34715	43644	49905	58292	58700	62324	63057	67902	96932
21143	22208	22634	22868	28060	28173	28296	28750	29888	33208	34716	43645	49906	58293	58720	62325	63064	67903	96933
21145	22210	22800	22869	28062	28175	28297	28755	29889	33212	36460	43647	50590	58294	58740	62326	63066	67909	96934
21146	22212	22802	22870	28080	28200	28298	28760	29891	33213	36465	43648	52441	58321	58750	62327	63075	67950	96935
21147	22214	22804	23412	28090	28202	28299	28890	29892	33214	36466	43653	52442	58322	58752	62369	63076	69714	96936
21150	22216	22808	23470	28092	28208	28300	29806	29893	33221	36468	43770	52649	58323	58760	62370	63077	69715	C2616
21151	22220	22810	25447	28100	28210	28302	29807	29894	33224	36470	43771	53850	58345	58770	62380	63078	69717	C9734

Pain Management Procedures

27096	62264	62322	62351	62362	63650	63662	63685	64461	64479	64484	64488	64491	64494	64633	64636	G0260
27279	62320	62323	62360	62367	63655	63663	63688	64462	64480	64486	64489	64492	64495	64634	64640	
62263	62321	62350	62361	62368	63661	63664	64450	64463	64483	64487	64490	64493	64600	64635	77003	

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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Sleep Studies

95800*	95801	95803	95805	95806	95807	95808	95810**	95811**
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*Home Sleep Studies non-covered

**Non-covered if done in POS 12

Speech Therapy

PA required after Medicare therapy benefit cap has been reached.

92507	92508
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Transplant/Gene Therapy (Including Solid Organ and Bone Marrow)

Corneal transplants do not require PA.

0537T	0540T	38230	38242	44720	47135	47142	47145	48550	48554	50320	50327	50340	50370	Q2042
0538T	38205	38240	38243	44721	47140	47143	47146	48551	48556	50323	50328	50360	50380	
0539T	38206	38241	44715	47133	47141	47144	47147	48552	50300	50325	50329	50365	Q2041	



Applies to Medicare and MyCare Ohio Medicare Prior Authorization Codification List

Effective: 10-1-19

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

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