

Market	Program	Diagnosis	Procedure	Decision	Decision Reason	Provider Specialty
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	E1399	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	97530	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97530	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97154	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	92507	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	T2025	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	L1945	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	L2280	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	L2820	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	L3216	Approved		Supplier Prosthetic/Orthotic
AR	Medicaid	F840 - Autistic disorder	T2025	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T2020	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	T2028	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Children Intensive Behavioral
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97151	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	T2025	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	H2016	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	E2510	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E2599	Approved		Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	T1019	Approved		Personal Care
AR	Medicaid	F840 - Autistic disorder	97530	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97530	Approved		Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	S5160	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	S5161	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	S5162	Approved		W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	97153	Approved		Children Intensive Behavioral

AR	Medicaid	F840 - Autistic disorder	E1399	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	S5161	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	97156	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97154	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97151	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	97151	Approved	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97156	Approved	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	97151	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97152	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	97151	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	S5161	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	ADPS	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	E2510	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E2599	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	SUSS	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	SUSS	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	97151	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F840 - Autistic disorder	92507	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	96130	Approved	Psychology (PhD)
AR	Medicaid	F840 - Autistic disorder	96131	Approved	Psychology (PhD)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	97110	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	SLMN	Approved	W-Out of Home Respite

AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	SUSS	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	SUSS	Approved	Base Level Providers
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4323 - Adjustment disorder with mixed anxiety and depressed mood	OV	Approved	Mental Health
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F3289 - Other specified depressive episode	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F341 - Dysthymic disorder	CYSS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F209 - Schizophrenia, unspecified	ARDS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F332 - Major depressive disorder, recurrent severe without psychotic features	ARDS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	90791	Approved	Masters Level Clinicians
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified	64625	Approved	Ambulatory Surgical Center
AR	Medicaid	C716 - Malignant neoplasm of cerebellum	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	C716 - Malignant neoplasm of cerebellum	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	C716 - Malignant neoplasm of cerebellum	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9123	Approved	Home Health Agency
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9124	Approved	Home Health Agency
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43235	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43236	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43239	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43243	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43245	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43246	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43247	Approved	Hospital/Critical Access

AR	Medicaid	R112 - Nausea with vomiting, unspecified	43248	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43249	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	43250	Approved	Hospital/Critical Access
AR	Medicaid	R112 - Nausea with vomiting, unspecified	OPAS	Approved	Hospital/Critical Access
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90791	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F901 - Attention-deficit hyperactivity disorder, predominantly hyperactive type	90791	Approved	Lic Pro Clinical Cnslr LPCC
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	H2020	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	H66003 - Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	H66003 - Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral	69205	Approved	Ambulatory Surgical Center
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	90792	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4320 - Adjustment disorder, unspecified	90792	Approved	Outpt Behav Hlth Agency
AR	Medicaid	J45909 - Unspecified asthma, uncomplicated	94726	Approved	Hospital/Critical Access
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	D2111 - Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder	11403	Approved	Hospital/Critical Access
AR	Medicaid	D2111 - Benign neoplasm of connective and other soft tissue of right upper limb, including shoulder	12032	Approved	Hospital/Critical Access
AR	Medicaid	R45851 - Suicidal ideations	A0429	Approved	Ambulance Land
AR	Medicaid	R45851 - Suicidal ideations	A0425	Approved	Ambulance Land
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV	Approved	Masters Level Clinicians
AR	Medicaid	F919 - Conduct disorder, unspecified	OV	Approved	Masters Level Clinicians
AR	Medicaid	Q909 - Down syndrome, unspecified	S5162	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	BHAS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Q1381 - Rieger's anomaly	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q1381 - Rieger's anomaly	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q1381 - Rieger's anomaly	92507	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q1381 - Rieger's anomaly	PT	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q1381 - Rieger's anomaly	ST	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q1381 - Rieger's anomaly	OT	Approved	Therapy PT, OT, SLP
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	OV	Approved	Masters Level Clinicians
AR	Medicaid	M4145 - Neuromuscular scoliosis, thoracolumbar region	L0482	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90791	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	90791	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F319 - Bipolar disorder, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	M5416 - Radiculopathy, lumbar region	EPI	Approved	Anesthesiology
AR	Medicaid	M5416 - Radiculopathy, lumbar region	62323	Approved	Anesthesiology
AR	Medicaid	F800 - Phonological disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F800 - Phonological disorder	ST	Approved	Speech Language Pathologist

AR	Medicaid	F913 - Oppositional defiant disorder	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	F82 - Specific developmental disorder of motor function	OT	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	Z113 - Encounter for screening for infections with a predominantly sexual mode of transmission	87591	Approved	OB/GYN
AR	Medicaid	Z113 - Encounter for screening for infections with a predominantly sexual mode of transmission	87491	Approved	OB/GYN
AR	Medicaid	Z113 - Encounter for screening for infections with a predominantly sexual mode of transmission	87561	Approved	OB/GYN
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	OV	Approved	Masters Level Clinicians
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	OV	Approved	Masters Level Clinicians
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q059 - Spina bifida, unspecified	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q059 - Spina bifida, unspecified	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	OV	Approved	Masters Level Clinicians
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	99214	Approved	Psychiatry
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	90792	Approved	Psychiatry
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	OV	Approved	Mental Health
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43235	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43239	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43250	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43251	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43255	Approved	Ambulatory Surgical Center
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	M5416 - Radiculopathy, lumbar region	97110	Approved	Hospital/Critical Access
AR	Medicaid	M5416 - Radiculopathy, lumbar region	PTO	Approved	Hospital/Critical Access
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	F82 - Specific developmental disorder of motor function	OT	Approved	Therapy PT, OT, SLP
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	M5481 - Occipital neuralgia	20552	Approved	Neurology
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist

AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	OV	Approved	Psychology (PhD)
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64493	Approved	Ambulatory Surgical Center
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64494	Approved	Ambulatory Surgical Center
AR	Medicaid	S83281A - Other tear of lateral meniscus, current injury, right knee, initial encounter	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	S83281A - Other tear of lateral meniscus, current injury, right knee, initial encounter	29881	Approved	Ambulatory Surgical Center
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	T161XXA - Foreign body in right ear, initial encounter	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	T161XXA - Foreign body in right ear, initial encounter	69205	Approved	Ambulatory Surgical Center
AR	Medicaid	I10 - Essential (primary) hypertension	S9131	Approved	Home Health Agency
AR	Medicaid	F913 - Oppositional defiant disorder	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	97530	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	OT	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST	Approved	Speech Language Pathologist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Speech Language Pathologist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST	Approved	Speech Language Pathologist
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified	PAIN	Approved	Anesthesiology
AR	Medicaid	M461 - Sacroiliitis, not elsewhere classified	27096	Approved	Anesthesiology
AR	Medicaid	G47 - Sleep disorders	E0601	Approved	Ventilator Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Occupational Therapist
AR	Medicaid	F82 - Specific developmental disorder of motor function	OT	Approved	Occupational Therapist
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F71 - Moderate intellectual disabilities	S5160	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	S5161	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	S5162	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q059 - Spina bifida, unspecified	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	Q059 - Spina bifida, unspecified	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	Z000 - Encounter for general adult medical examination	OFVS	Approved	Audiology
AR	Medicaid	Z000 - Encounter for general adult medical examination	OV	Approved	Audiology
AR	Medicaid	Z000 - Encounter for general adult medical examination	V5140	Approved	Audiology
AR	Medicaid	R4581 - Low self-esteem	A0428	Approved	Ambulance Land
AR	Medicaid	R4581 - Low self-esteem	A0425	Approved	Ambulance Land
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	M47812 - Spondylosis without myelopathy or radiculopathy, cervical region	64633	Approved	Ambulatory Surgical Center

AR	Medicaid	F4389 - Other reactions to severe stress	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4310 - Post-traumatic stress disorder, unspecified	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0465	Approved	Ventilator Equipment
AR	Medicaid	F411 - Generalized anxiety disorder	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F918 - Other conduct disorders	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	R625 - Other and unspecified lack of expected normal physiological development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	42821	Approved	Ambulatory Surgical Center
AR	Medicaid	R625 - Other and unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	R625 - Other and unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Base Level Providers
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Base Level Providers
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	80307	Approved	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	99211	Approved	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	99212	Approved	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	99213	Approved	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	99214	Approved	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	99215	Approved	Multi-Specialty Group
AR	Medicaid	R625 - Other and unspecified lack of expected normal physiological development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F989 - Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence	97530	Approved	Occupational Therapist
AR	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	N1832 - Chronic kidney disease, stage 3b	S9131	Approved	Home Health Agency
AR	Medicaid	N1832 - Chronic kidney disease, stage 3b	T1021	Approved	Home Health Agency
AR	Medicaid	R197 - Diarrhea, unspecified	OFVS	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	OV	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	99211	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	99212	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	99213	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	99214	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R197 - Diarrhea, unspecified	99215	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0739	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	M5450 - Low back pain, unspecified	L0631	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Occupational Therapist

AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Occupational Therapist
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Outpt Behv Hlth Agency
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42821	Approved	Ambulatory Surgical Center
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Outpt Behv Hlth Agency
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Enhanced Level Providers
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	I10 - Essential (primary) hypertension	OFVS	Approved	General Practice
AR	Medicaid	I10 - Essential (primary) hypertension	OV	Approved	General Practice
AR	Medicaid	I10 - Essential (primary) hypertension	99214	Approved	General Practice
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Therapy PT, OT, SLP
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	G809 - Cerebral palsy, unspecified	97530	Approved	Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	97110	Approved	Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	92507	Approved	Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	OT	Approved	Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	PT	Approved	Occupational Therapist
AR	Medicaid	G809 - Cerebral palsy, unspecified	ST	Approved	Occupational Therapist
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PT	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	M9904 - Segmental and somatic dysfunction of sacral region	98942	Approved	Chiropractor
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)

AR	Medicaid	F802 - Mixed receptive-expressive language disorder	97110	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PT	Approved	Therapy PT, OT, SLP
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	OFVS	Approved	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	CHRO	Approved	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98940	Approved	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98941	Approved	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98942	Approved	Chiropractor
AR	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	R620 - Delayed milestone in childhood	OTO	Approved	EPSDT-Early Per Scr,Diag,Treat
AR	Medicaid	F315 - Bipolar disorder, current episode depressed, severe, with psychotic features	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	R45851 - Suicidal ideations	A0428	Approved	Ambulance Land
AR	Medicaid	R45851 - Suicidal ideations	A0425	Approved	Ambulance Land
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	B4161	Approved	Ventilator Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	B4035	Approved	Ventilator Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	B4087	Approved	Ventilator Equipment
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	B9998	Approved	Ventilator Equipment
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F88 - Other disorders of psychological development	97530	Approved	Occupational Therapist
AR	Medicaid	R45851 - Suicidal ideations	TCLI	Approved	Enhanced Level Providers
AR	Medicaid	H5581 - Saccadic eye movements	92065	Approved	Optometry
AR	Medicaid	H5581 - Saccadic eye movements	92065	Approved	Optometry
AR	Medicaid	J351 - Hypertrophy of tonsils	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	J351 - Hypertrophy of tonsils	42825	Approved	Ambulatory Surgical Center
AR	Medicaid	J441 - Chronic obstructive pulmonary disease with (acute) exacerbation	T1021	Approved	Home Health Agency
AR	Medicaid	R45850 - Homicidal ideations	A0428	Approved	Ambulance Land
AR	Medicaid	R45850 - Homicidal ideations	A0425	Approved	Ambulance Land
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	ADPS	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q9351 - Angelman syndrome	97110	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	R625 - Other and unspecified lack of expected normal physiological development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	G809 - Cerebral palsy, unspecified	SUSS	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	R296 - Repeated falls	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	R296 - Repeated falls	PT	Approved	Therapy PT, OT, SLP
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	OT	Approved	Speech Language Pathologist
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Occupational Therapist
AR	Medicaid	M6281 - Muscle weakness (generalized)	97110	Approved	Speech Language Pathologist
AR	Medicaid	M6281 - Muscle weakness (generalized)	PT	Approved	Speech Language Pathologist

AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	H2020	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Z01818 - Encounter for other preprocedural examination	OFVS	Approved	Plastic Surgery
AR	Medicaid	Z01818 - Encounter for other preprocedural examination	OV	Approved	Plastic Surgery
AR	Medicaid	Z01818 - Encounter for other preprocedural examination	99212	Approved	Plastic Surgery
AR	Medicaid	Z01818 - Encounter for other preprocedural examination	99213	Approved	Plastic Surgery
AR	Medicaid	M47897 - Other spondylosis, lumbosacral region	64635	Approved	Ambulatory Surgical Center
AR	Medicaid	M47897 - Other spondylosis, lumbosacral region	64636	Approved	Ambulatory Surgical Center
AR	Medicaid	F804 - Speech and language development delay due to hearing loss	92507	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	N1831 - Chronic kidney disease, stage 3a	OFVS	Approved	Internal Medicine
AR	Medicaid	N1831 - Chronic kidney disease, stage 3a	OV	Approved	Internal Medicine
AR	Medicaid	N1831 - Chronic kidney disease, stage 3a	99215	Approved	Internal Medicine
AR	Medicaid	F321 - Major depressive disorder, single episode, moderate	H2020	Approved	Outpt Behav Hlth Agency
AR	Medicaid	M75121 - Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic	97110	Approved	Hospital/Critical Access
AR	Medicaid	M75121 - Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic	97150	Approved	Hospital/Critical Access
AR	Medicaid	M75121 - Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic	PT	Approved	Hospital/Critical Access
AR	Medicaid	Q909 - Down syndrome, unspecified	SUSS	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	M2141 - Flat foot [pes planus] (acquired), right foot	L3000	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	E0730	Approved	Physical Medicine & Rehab
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	H2020	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	90791	Approved	Outpt Behav Hlth Agency
AR	Medicaid	R45850 - Homicidal ideations	A0428	Approved	Ambulance Land
AR	Medicaid	R45850 - Homicidal ideations	A0425	Approved	Ambulance Land
AR	Medicaid	R45850 - Homicidal ideations	A0428	Approved	Ambulance Land
AR	Medicaid	R45850 - Homicidal ideations	A0425	Approved	Ambulance Land
AR	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	42820	Approved	Ambulatory Surgical Center
AR	Medicaid	Q909 - Down syndrome, unspecified	97110	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q909 - Down syndrome, unspecified	97530	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Q909 - Down syndrome, unspecified	92507	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9123	Approved	Home Health Agency
AR	Medicaid	J9611 - Chronic respiratory failure with hypoxia	S9124	Approved	Home Health Agency
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	R1312 - Dysphagia, oropharyngeal phase	B4160	Approved	Home Infusion
AR	Medicaid	R1312 - Dysphagia, oropharyngeal phase	B4035	Approved	Home Infusion
AR	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Enhanced Level Providers

AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Enhanced Level Providers
AR	Medicaid	F88 - Other disorders of psychological development	T4530	Approved	W-Home Medical Equipment
AR	Medicaid	F88 - Other disorders of psychological development	T4532	Approved	W-Home Medical Equipment
AR	Medicaid	F88 - Other disorders of psychological development	A4554	Approved	W-Home Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Base Level Providers
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Base Level Providers
AR	Medicaid	F79 - Unspecified intellectual disabilities	SUSS	Approved	Base Level Providers
AR	Medicaid	G80 - Cerebral palsy	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	G80 - Cerebral palsy	97110	Approved	Therapy PT, OT, SLP
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	F312 - Bipolar disorder, current episode manic severe with psychotic features	TCL2	Approved	Enhanced Level Providers
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z4800 - Encounter for change or removal of nonsurgical wound dressing	99203	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	Z4800 - Encounter for change or removal of nonsurgical wound dressing	99214	Approved	Adv. Practice Reg. Nurse
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Therapy PT, OT, SLP
AR	Medicaid	M47817 - Spondylosis without myelopathy or radiculopathy, lumbosacral region	L0650	Approved	Family Practice
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	F209 - Schizophrenia, unspecified	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9123	Approved	Home Health Agency
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9124	Approved	Home Health Agency
AR	Medicaid	G243 - Spasmodic torticollis	64616	Approved	Physical Medicine & Rehab
AR	Medicaid	F251 - Schizoaffective disorder, depressive type	ARDS	Approved	Masters Level Clinicians
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Mental Health Clinic
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	S9123	Approved	Home Health Agency
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	S9124	Approved	Home Health Agency
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F319 - Bipolar disorder, unspecified	90791	Approved	Psychology (PhD)
AR	Medicaid	F319 - Bipolar disorder, unspecified	96130	Approved	Psychology (PhD)
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Therapy PT, OT, SLP
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	BHAS	Approved	Outpt Behav Hlth Agency

AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	BHAS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	G40 - Epilepsy and recurrent seizures	K0108	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	92065	Approved	Optometry
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	97530	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	K029 - Dental caries, unspecified	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	K029 - Dental caries, unspecified	41899	Approved	Ambulatory Surgical Center
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Speech Language Pathologist
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST	Approved	Speech Language Pathologist
AR	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	Occupational Therapist
AR	Medicaid	R620 - Delayed milestone in childhood	OT	Approved	Occupational Therapist
AR	Medicaid	M47897 - Other spondylosis, lumbosacral region	64635	Approved	Ambulatory Surgical Center
AR	Medicaid	M47897 - Other spondylosis, lumbosacral region	64636	Approved	Ambulatory Surgical Center
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507	Approved	Dev Rehab Svs
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Dev Rehab Svs
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F919 - Conduct disorder, unspecified	BHAS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F411 - Generalized anxiety disorder	H2020	Approved	Outpt Behav Hlth Agency
AR	Medicaid	J309 - Allergic rhinitis, unspecified	OFVS	Approved	Pediatrics
AR	Medicaid	J309 - Allergic rhinitis, unspecified	OV	Approved	Pediatrics
AR	Medicaid	J309 - Allergic rhinitis, unspecified	99214	Approved	Pediatrics
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	H0037	Approved	INTENSIVE LEVEL PROVIDERS
AR	Medicaid	F3481 - Disruptive mood dysregulation disorder	90792	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4324 - Adjustment disorder with disturbance of conduct	OV	Approved	Outpt Behav Hlth Agency
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43235	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43239	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43250	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43251	Approved	Ambulatory Surgical Center
AR	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43255	Approved	Ambulatory Surgical Center
AR	Medicaid	K029 - Dental caries, unspecified	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	K029 - Dental caries, unspecified	41899	Approved	Ambulatory Surgical Center

AR	Medicaid	K029 - Dental caries, unspecified	00170	Approved	Ambulatory Surgical Center
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
AR	Medicaid	F431 - Post-traumatic stress disorder (PTSD)	H0037	Approved	INTENSIVE LEVEL PROVIDERS
AR	Medicaid	M533 - Sacrococcygeal disorders, not elsewhere classified	PAIN	Approved	Ambulatory Surgical Center
AR	Medicaid	M533 - Sacrococcygeal disorders, not elsewhere classified	27096	Approved	Ambulatory Surgical Center
AR	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	BHAS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F4325 - Adjustment disorder with mixed disturbance of emotions and conduct	BHAS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F312 - Bipolar disorder, current episode manic severe with psychotic features	ARDS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	ACS W-Org Hlth Care Deliv Sys
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F251 - Schizoaffective disorder, depressive type	ARDS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F3164 - Bipolar disorder, current episode mixed, severe, with psychotic features	ARDS	Approved	Outpt Behav Hlth Agency
AR	Medicaid	F8082 - Social pragmatic communication dis	92523	Approved	Physical Therapy & Rehab
AR	Medicaid	F8082 - Social pragmatic communication dis	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97162	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	F71 - Moderate intellectual disabilities	ST	Approved	Physical Therapy & Rehab
AR	Medicaid	F71 - Moderate intellectual disabilities	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	G808 - Other cerebral palsy	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	G808 - Other cerebral palsy	OT	Approved	Physical Therapy & Rehab
AR	Medicaid	G808 - Other cerebral palsy	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	S7292XD - Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing	97161	Approved	Physical Therapy & Rehab
AR	Medicaid	S7292XD - Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	S7292XD - Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing	97116	Approved	Physical Therapy & Rehab
AR	Medicaid	S7292XD - Unspecified fracture of left femur, subsequent encounter for closed fracture with routine healing	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92523	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92610	Approved	Physical Therapy & Rehab

AR	Medicaid	F82 - Specific developmental disorder of motor function	97167	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	92526	Approved	Physical Therapy & Rehab
AR	Medicaid	M25672 - Stiffness of left ankle, not elsewhere classified	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone in childhood	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone in childhood	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	OFVS	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	OV	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	ST	Approved	Physical Therapy & Rehab
AR	Medicaid	M6281 - Muscle weakness (generalized)	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	M6281 - Muscle weakness (generalized)	97161	Approved	Physical Therapy & Rehab
AR	Medicaid	M6281 - Muscle weakness (generalized)	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	M25552 - Pain in left hip	97010	Approved	Physical Therapy & Rehab
AR	Medicaid	M25552 - Pain in left hip	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	M25552 - Pain in left hip	97140	Approved	Physical Therapy & Rehab
AR	Medicaid	M25552 - Pain in left hip	97014	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97163	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97010	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97032	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97124	Approved	Physical Therapy & Rehab
AR	Medicaid	M542 - Cervicalgia	97035	Approved	Physical Therapy & Rehab
AR	Medicaid	R278 - Other lack of coordination	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	R278 - Other lack of coordination	OT	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F800 - Phonological disorder	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F88 - Other disorders of psychological development	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone in childhood	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone in childhood	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	M25262 - Flail joint, left knee	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	M25262 - Flail joint, left knee	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	R2689 - Other abnormalities of gait and mobility	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	Q909 - Down syndrome, unspecified	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	M25512 - Pain in left shoulder	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	Q909 - Down syndrome, unspecified	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	Q909 - Down syndrome, unspecified	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Approved	Physical Therapy & Rehab
AR	Medicaid	S143XXD - Injury of brachial plexus, subsequent encounter	97110	Approved	Physical Therapy & Rehab
AR	Medicaid	S143XXD - Injury of brachial plexus, subsequent encounter	PT	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
AR	Medicaid	F82 - Specific developmental disorder of motor function	OT	Approved	Physical Therapy & Rehab
AR	Medicaid	F439 - Reaction to severe stress, unspecified	80361	Approved	Laboratory

AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80359	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80348	Approved	Laboratory
AR	Medicaid	G4089 - Other seizures	T1019	Approved	Personal Care
AR	Medicaid	M1380 - Other specified arthritis, unspecified site	T1019	Approved	Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T1019	Approved	Personal Care
AR	Medicaid	H548 - Legal blindness, as defined in USA	T1019	Approved	Personal Care
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	Z980 - Intestinal bypass and anastomosis status	T1019	Approved	Personal Care
AR	Medicaid	S14105 - Unspecified injury at C5 level of cervical spinal cord	T1019	Approved	Personal Care
AR	Medicaid	R630 - Anorexia	T1019	Approved	Personal Care
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T1019	Approved	Personal Care
AR	Medicaid	E785 - Hyperlipidemia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	T1019	Approved	Personal Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019	Approved	Personal Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019	Approved	Personal Care
AR	Medicaid	Q935 - Other deletions of part of a chromosome	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Personal Care
AR	Medicaid	I10 - Essential (primary) hypertension	T1019	Approved	Personal Care
AR	Medicaid	G40 - Epilepsy and recurrent seizures	T1019	Approved	Personal Care
AR	Medicaid	F319 - Bipolar disorder, unspecified	T1019	Approved	Personal Care
AR	Medicaid	I639 - Cerebral infarction, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019	Approved	Personal Care
AR	Medicaid	M5126 - Other intervertebral disc displacement, lumbar region	T1019	Approved	Personal Care
AR	Medicaid	M4806 - Spinal stenosis, lumbar region	T1019	Approved	Personal Care
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	T1019	Approved	Personal Care
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F983 - Pica of infancy and childhood	T1019	Approved	Personal Care
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	T1019	Approved	Personal Care
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019	Approved	Personal Care
AR	Medicaid	M15 - Polyosteoarthritis	T1019	Approved	Personal Care
AR	Medicaid	G894 - Chronic pain syndrome	T1019	Approved	Personal Care
AR	Medicaid	K5090 - Crohn's disease, unspecified, without complications	T1019	Approved	Personal Care
AR	Medicaid	G43909 - Migraine, unspecified, not intractable, without status migrainosus	T1019	Approved	Personal Care
AR	Medicaid	S062X9D - Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	T1019	Approved	Personal Care
AR	Medicaid	Q431 - Hirschsprung's disease	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F72 - Severe intellectual disabilities	T1019	Approved	Personal Care
AR	Medicaid	R4182 - Altered mental status, unspecified	T1019	Approved	Personal Care
AR	Medicaid	I10 - Essential (primary) hypertension	T1019	Approved	Personal Care

AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	R569 - Unspecified convulsions	T1019	Approved	Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	T1019	Approved	Personal Care
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	T1019	Approved	Personal Care
AR	Medicaid	K551 - Chronic vascular disorders of intestine	T1019	Approved	Personal Care
AR	Medicaid	D869 - Sarcoidosis, unspecified	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F82 - Specific developmental disorder of motor function	T1019	Approved	Personal Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019	Approved	Personal Care
AR	Medicaid	F431 - Post-traumatic stress disorder (PTSD)	T1019	Approved	Personal Care
AR	Medicaid	F324 - Major depressive disorder, single episode, in partial remission	T1019	Approved	Personal Care
AR	Medicaid	G894 - Chronic pain syndrome	T1019	Approved	Personal Care
AR	Medicaid	M1991 - Primary osteoarthritis, unspecified site	T1019	Approved	Personal Care
AR	Medicaid	M4800 - Spinal stenosis, site unspecified	T1019	Approved	Personal Care
AR	Medicaid	F329 - Major depressive disorder, single episode, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F259 - Schizoaffective disorder, unspecified	T1019	Approved	Personal Care
AR	Medicaid	Q431 - Hirschsprung's disease	T1019	Approved	Personal Care
AR	Medicaid	R3981 - Functional urinary incontinence	T1019	Approved	Personal Care
AR	Medicaid	G43909 - Migraine, unspecified, not intractable, without status migrainosus	T1019	Approved	Personal Care
AR	Medicaid	Q780 - Osteogenesis imperfecta	T1019	Approved	Personal Care
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	T1019	Approved	Personal Care
AR	Medicaid	Q046 - Congenital cerebral cysts	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F315 - Bipolar disorder, current episode depressed, severe, with psychotic features	T1019	Approved	Personal Care
AR	Medicaid	Q059 - Spina bifida, unspecified	T1019	Approved	Personal Care
AR	Medicaid	Z87828 - Personal history of other (healed) physical injury and trauma	T1019	Approved	Personal Care
AR	Medicaid	F28 - Other psychotic disorder not due to a substance or known physiological condition	T1019	Approved	Personal Care
AR	Medicaid	F331 - Major depressive disorder, recurrent, moderate	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F71 - Moderate intellectual disabilities	T1019	Approved	Personal Care
AR	Medicaid	Q046 - Congenital cerebral cysts	T1019	Approved	Personal Care
AR	Medicaid	E1043 - Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy	T1019	Approved	Personal Care
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	R296 - Repeated falls	T1019	Approved	Personal Care
AR	Medicaid	D821 - Di George's syndrome	T1019	Approved	Personal Care
AR	Medicaid	I509 - Heart failure, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	G40 - Epilepsy and recurrent seizures	T1019	Approved	Personal Care
AR	Medicaid	J449 - Chronic obstructive pulmonary disease, unspecified	T1019	Approved	Personal Care

AR	Medicaid	I10 - Essential (primary) hypertension	T1019	Approved	Personal Care
AR	Medicaid	Q040 - Congenital malformations of corpus callosum	T1019	Approved	Personal Care
AR	Medicaid	F73 - Profound intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F73 - Profound intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	SLMN	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	CSTS	Approved	W-Out of Home Respite
AR	Medicaid	G931 - Anoxic brain damage, not elsewhere classified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G931 - Anoxic brain damage, not elsewhere classified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	S5165	Approved	W-Out of Home Respite
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	H2016	Approved	W-Out of Home Respite
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T2025	Approved	W-Out of Home Respite
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	CSTS	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	S062X9D - Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	CSTS	Approved	W-Out of Home Respite
AR	Medicaid	S062X9D - Diffuse traumatic brain injury with loss of consciousness of unspecified duration, subsequent encounter	SLMN	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2020	Approved	W-Out of Home Respite
AR	Medicaid	R4183 - Borderline intellectual functioning	H2016	Approved	W-Out of Home Respite
AR	Medicaid	R4183 - Borderline intellectual functioning	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q90 - Down syndrome	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q90 - Down syndrome	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	S5162	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	S5161	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	S5160	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G808 - Other cerebral palsy	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F6381 - Intermittent explosive disorder	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G40 - Epilepsy and recurrent seizures	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G40 - Epilepsy and recurrent seizures	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q158 - Other specified congenital malformations of eye	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	W-Out of Home Respite

AR	Medicaid	F71 - Moderate intellectual disabilities	SLEN	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G931 - Anoxic brain damage, not elsewhere classified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F849 - Pervasive developmental disorder, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	S06890A - Other specified intracranial injury without loss of consciousness, initial encounter	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G808 - Other cerebral palsy	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G40319 - Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q059 - Spina bifida, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q059 - Spina bifida, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2020	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2020	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	T2020	Approved	W-Out of Home Respite

AR	Medicaid	Q909 - Down syndrome, unspecified	T2020	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	S5160	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	S5161	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	S5162	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	M2154 - Acquired clubfoot	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F438 - Other reactions to severe stress	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G808 - Other cerebral palsy	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q059 - Spina bifida, unspecified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	F70 - Mild intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E1390	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0430	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0445	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0600	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601	Approved	Durable Medical Equipment
AR	Medicaid	R3981 - Functional urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2387	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2381	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2383	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2373	Approved	Durable Medical Equipment

AR	Medicaid	F82 - Specific developmental disorder of motor function	E1028	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2293	Approved	Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	K0077	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0562	Approved	Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B4161	Approved	Durable Medical Equipment
AR	Medicaid	R1310 - Dysphagia, unspecified	B9998	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4532	Approved	Durable Medical Equipment
AR	Medicaid	F70 - Mild intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	F71 - Moderate intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	P271 - Bronchopulmonary dysplasia originating in the perinatal period	E1390	Approved	Durable Medical Equipment
AR	Medicaid	P271 - Bronchopulmonary dysplasia originating in the perinatal period	E0430	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0739	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	S1002	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978	Approved	Durable Medical Equipment
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	E0950	Approved	Durable Medical Equipment
AR	Medicaid	G121 - Other inherited spinal muscular atrophy	E0483	Approved	Durable Medical Equipment
AR	Medicaid	G121 - Other inherited spinal muscular atrophy	E0482	Approved	Durable Medical Equipment
AR	Medicaid	Q788 - Other specified osteochondrodysplasias	E2510	Approved	Durable Medical Equipment
AR	Medicaid	Q788 - Other specified osteochondrodysplasias	E2599	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1035	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E1390	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0430	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0445	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0600	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0465	Approved	Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0600	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1233	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0108	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2231	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2213	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0040	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0973	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0950	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0971	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2622	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2293	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1028	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0955	Approved	Durable Medical Equipment

AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0956	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0960	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E1234	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0990	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0950	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E1028	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	K0105	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E2622	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E2293	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0955	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0956	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0960	Approved	Durable Medical Equipment
AR	Medicaid	Q9351 - Angelman syndrome	E0978	Approved	Durable Medical Equipment
AR	Medicaid	K5900 - Constipation, unspecified	T4532	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0562	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E1390	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	K0040	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	E0956	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	E2292	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	E2291	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	E0955	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	E1028	Approved	Durable Medical Equipment
AR	Medicaid	Q799 - Congenital malformation of musculoskeletal system, unspecified	K0105	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	K0739	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	E1399	Approved	Durable Medical Equipment
AR	Medicaid	E1165 - Type 2 diabetes mellitus with hyperglycemia	A4239	Approved	Durable Medical Equipment
AR	Medicaid	G319 - Degenerative disease of nervous system, unspecified	T4532	Approved	Durable Medical Equipment
AR	Medicaid	E1065 - Type 1 diabetes mellitus with hyperglycemia	A4239	Approved	Durable Medical Equipment
AR	Medicaid	E119 - Type 2 diabetes mellitus without complications	A4239	Approved	Durable Medical Equipment
AR	Medicaid	E1065 - Type 1 diabetes mellitus with hyperglycemia	A4239	Approved	Durable Medical Equipment
AR	Medicaid	Z87820 - Personal history of traumatic brain injury	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4535	Approved	Durable Medical Equipment
AR	Medicaid	E1065 - Type 1 diabetes mellitus with hyperglycemia	A4239	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	A4239	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	E2103	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4533	Approved	Durable Medical Equipment
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	K0739	Approved	Durable Medical Equipment
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	E1399	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment

AR	Medicaid	R32 - Unspecified urinary incontinence	T4524	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4524	Approved	Durable Medical Equipment
AR	Medicaid	S06890A - Other specified intracranial injury without loss of consciousness, initial encounter	K0739	Approved	Durable Medical Equipment
AR	Medicaid	S06890A - Other specified intracranial injury without loss of consciousness, initial encounter	E0956	Approved	Durable Medical Equipment
AR	Medicaid	S06890A - Other specified intracranial injury without loss of consciousness, initial encounter	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q673 - Plagiocephaly	E1399	Approved	Durable Medical Equipment
AR	Medicaid	Q673 - Plagiocephaly	K0739	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	A4554	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4527	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T4526	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E1390	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0431	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0445	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0739	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0108	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E2386	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0019	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0739	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0077	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0739	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	E2206	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	E2611	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0040	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	E2211	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	B9998	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	B4035	Approved	Durable Medical Equipment
AR	Medicaid	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or hypercapnia	E0483	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	E1399	Approved	Durable Medical Equipment
AR	Medicaid	F842 - Rett's syndrome	E1031	Approved	Durable Medical Equipment
AR	Medicaid	F842 - Rett's syndrome	E1399	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	A4554	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4528	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4535	Approved	Durable Medical Equipment
AR	Medicaid	F71 - Moderate intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	L0591 - Pilonidal cyst without abscess	E2402	Approved	Durable Medical Equipment
AR	Medicaid	L0591 - Pilonidal cyst without abscess	A6550	Approved	Durable Medical Equipment

AR	Medicaid	L0591 - Pilonidal cyst without abscess	A7000	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0739	Approved	Durable Medical Equipment
AR	Medicaid	Q057 - Lumbar spina bifida without hydrocephalus	K0108	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0483	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4532	Approved	Durable Medical Equipment
AR	Medicaid	E840 - Cystic fibrosis with pulmonary manifestations	E0483	Approved	Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	T2028	Approved	Durable Medical Equipment
AR	Medicaid	Z931 - Gastrostomy status	E1036	Approved	Durable Medical Equipment
AR	Medicaid	F88 - Other disorders of psychological development	E0637	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	B4160	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	T4532	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	T4535	Approved	Durable Medical Equipment
AR	Medicaid	G4700 - Insomnia, unspecified	E0601	Approved	Durable Medical Equipment
AR	Medicaid	G4700 - Insomnia, unspecified	E0562	Approved	Durable Medical Equipment
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	B9998	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	E8001	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0739	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2028	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T4527	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0482	Approved	Durable Medical Equipment
AR	Medicaid	J9601 - Acute respiratory failure with hypoxia	E1390	Approved	Durable Medical Equipment
AR	Medicaid	J9601 - Acute respiratory failure with hypoxia	E1392	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108	Approved	Durable Medical Equipment
AR	Medicaid	Q909 - Down syndrome, unspecified	E2510	Approved	Durable Medical Equipment
AR	Medicaid	H0012 - Chalazion right lower eyelid	67700	Approved	Hospital/Acute Care
AR	Medicaid	J351 - Hypertrophy of tonsils	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	J351 - Hypertrophy of tonsils	69436	Approved	Hospital/Acute Care
AR	Medicaid	J351 - Hypertrophy of tonsils	42820	Approved	Hospital/Acute Care
AR	Medicaid	G4713 - Recurrent hypersomnia	95810	Approved	Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	41899	Approved	Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	00170	Approved	Hospital/Acute Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64643	Approved	Hospital/Acute Care

AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	41899	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	00170	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	41899	Approved	Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	00170	Approved	Hospital/Acute Care
AR	Medicaid	I25110 - Atherosclerotic heart disease of native coronary artery with unstable angina pectoris	93458	Approved	Hospital/Acute Care
AR	Medicaid	M5441 - Lumbago with sciatica, right side	97110	Approved	Hospital/Acute Care
AR	Medicaid	M5441 - Lumbago with sciatica, right side	97530	Approved	Hospital/Acute Care
AR	Medicaid	M5441 - Lumbago with sciatica, right side	97116	Approved	Hospital/Acute Care
AR	Medicaid	M5441 - Lumbago with sciatica, right side	97112	Approved	Hospital/Acute Care
AR	Medicaid	M5441 - Lumbago with sciatica, right side	97140	Approved	Hospital/Acute Care
AR	Medicaid	C183 - Malignant neoplasm of hepatic flexure	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	C183 - Malignant neoplasm of hepatic flexure	36561	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49591	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49592	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49593	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49594	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49595	Approved	Hospital/Acute Care
AR	Medicaid	K439 - Ventral hernia without obstruction or gangrene	49596	Approved	Hospital/Acute Care
AR	Medicaid	H3540 - Unspecified peripheral retinal degeneration	67145	Approved	Hospital/Acute Care
AR	Medicaid	M722 - Plantar fascial fibromatosis	28250	Approved	Hospital/Acute Care
AR	Medicaid	K011 - Impacted teeth	41899	Approved	Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	69436	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	K819 - Cholecystitis, unspecified	47563	Approved	Hospital/Acute Care
AR	Medicaid	H903 - Sensorineural hearing loss, bilateral	69930	Approved	Hospital/Acute Care
AR	Medicaid	H903 - Sensorineural hearing loss, bilateral	L8614	Approved	Hospital/Acute Care
AR	Medicaid	H903 - Sensorineural hearing loss, bilateral	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	D8689 - Sarcoidosis of other sites	OV	Approved	Hospital/Acute Care
AR	Medicaid	D8689 - Sarcoidosis of other sites	OFVS	Approved	Hospital/Acute Care
AR	Medicaid	N62 - Hypertrophy of breast	19318	Approved	Hospital/Acute Care
AR	Medicaid	N62 - Hypertrophy of breast	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	95811	Approved	Hospital/Acute Care
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	95810	Approved	Hospital/Acute Care
AR	Medicaid	M5126 - Other intervertebral disc displacement, lumbar region	PT	Approved	Hospital/Acute Care

AR	Medicaid	M5126 - Other intervertebral disc displacement, lumbar region	97163	Approved	Hospital/Acute Care
AR	Medicaid	M5126 - Other intervertebral disc displacement, lumbar region	97110	Approved	Hospital/Acute Care
AR	Medicaid	K828 - Other specified diseases of gallbladder	47563	Approved	Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	47563	Approved	Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	47562	Approved	Hospital/Acute Care
AR	Medicaid	F5101 - Primary insomnia	95810	Approved	Hospital/Acute Care
AR	Medicaid	F5101 - Primary insomnia	95811	Approved	Hospital/Acute Care
AR	Medicaid	M5417 - Radiculopathy, lumbosacral region	EPI	Approved	Hospital/Acute Care
AR	Medicaid	M5417 - Radiculopathy, lumbosacral region	62323	Approved	Hospital/Acute Care
AR	Medicaid	Q9351 - Angelman syndrome	64643	Approved	Hospital/Acute Care
AR	Medicaid	Q9351 - Angelman syndrome	64645	Approved	Hospital/Acute Care
AR	Medicaid	M5416 - Radiculopathy, lumbar region	62323	Approved	Hospital/Acute Care
AR	Medicaid	H6593 - Unspecified nonsuppurative otitis media, bilateral	69436	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	29916	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	29914	Approved	Hospital/Acute Care
AR	Medicaid	G4486 - Cervicogenic headache	20552	Approved	Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	29916	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	29914	Approved	Hospital/Acute Care
AR	Medicaid	L600 - Ingrowing nail	OFVS	Approved	Hospital/Acute Care
AR	Medicaid	L600 - Ingrowing nail	OV	Approved	Hospital/Acute Care
AR	Medicaid	L600 - Ingrowing nail	11750	Approved	Hospital/Acute Care
AR	Medicaid	L600 - Ingrowing nail	99202	Approved	Hospital/Acute Care
AR	Medicaid	D229 - Melanocytic nevi, unspecified	81479	Approved	Hospital/Acute Care
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	81243	Approved	Hospital/Acute Care
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	81425	Approved	Hospital/Acute Care
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	81426	Approved	Hospital/Acute Care
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	81479	Approved	Hospital/Acute Care
AR	Medicaid	F819 - Developmental disorder of scholastic skills, unspecified	81329	Approved	Hospital/Acute Care
AR	Medicaid	H902 - Conductive hearing loss, unspecified	V5040	Approved	Hospital/Acute Care
AR	Medicaid	H902 - Conductive hearing loss, unspecified	V5267	Approved	Hospital/Acute Care
AR	Medicaid	Q825 - Congenital non-neoplastic nevus	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	Q825 - Congenital non-neoplastic nevus	11404	Approved	Hospital/Acute Care
AR	Medicaid	L0591 - Pilonidal cyst without abscess	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	L0591 - Pilonidal cyst without abscess	11772	Approved	Hospital/Acute Care
AR	Medicaid	L0591 - Pilonidal cyst without abscess	17999	Approved	Hospital/Acute Care
AR	Medicaid	G40A09 - Absence epileptic syndrome, not intractable, without status epilepticus	81229	Approved	Hospital/Acute Care
AR	Medicaid	G40A09 - Absence epileptic syndrome, not intractable, without status epilepticus	81419	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	92502	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	31526	Approved	Hospital/Acute Care

AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	31622	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	69436	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	92652	Approved	Hospital/Acute Care
AR	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	92653	Approved	Hospital/Acute Care
AR	Medicaid	S728X1A - Other fracture of right femur, initial encounter for closed fracture	PT	Approved	Hospital/Acute Care
AR	Medicaid	S728X1A - Other fracture of right femur, initial encounter for closed fracture	97161	Approved	Hospital/Acute Care
AR	Medicaid	S728X1A - Other fracture of right femur, initial encounter for closed fracture	97110	Approved	Hospital/Acute Care
AR	Medicaid	J0391 - Acute recurrent tonsillitis, unspecified	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	J0391 - Acute recurrent tonsillitis, unspecified	42821	Approved	Hospital/Acute Care
AR	Medicaid	R609 - Edema, unspecified	93309	Approved	Hospital/Acute Care
AR	Medicaid	R609 - Edema, unspecified	78452	Approved	Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	69436	Approved	Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	42830	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64645	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	93458	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	93571	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	93567	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92978	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92920	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92921	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92924	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92925	Approved	Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	92934	Approved	Hospital/Acute Care
AR	Medicaid	T829XXA - Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	T829XXA - Unspecified complication of cardiac and vascular prosthetic device, implant and graft, initial encounter	36590	Approved	Hospital/Acute Care
AR	Medicaid	H7291 - Unspecified perforation of tympanic membrane, right ear	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	H7291 - Unspecified perforation of tympanic membrane, right ear	69631	Approved	Hospital/Acute Care
AR	Medicaid	H7291 - Unspecified perforation of tympanic membrane, right ear	21235	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64645	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	L0591 - Pilonidal cyst without abscess	11771	Approved	Hospital/Acute Care
AR	Medicaid	L0591 - Pilonidal cyst without abscess	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	Z0120 - Encounter for dental examination and cleaning without abnormal findings	41899	Approved	Hospital/Acute Care
AR	Medicaid	T2035XS - Burn of third degree of scalp [any part], sequela	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	T2035XS - Burn of third degree of scalp [any part], sequela	17106	Approved	Hospital/Acute Care
AR	Medicaid	T2035XS - Burn of third degree of scalp [any part], sequela	17107	Approved	Hospital/Acute Care
AR	Medicaid	T2035XS - Burn of third degree of scalp [any part], sequela	17108	Approved	Hospital/Acute Care
AR	Medicaid	Q9381 - Velo-cardio-facial syndrome	81408	Approved	Hospital/Acute Care
AR	Medicaid	Q9381 - Velo-cardio-facial syndrome	81479	Approved	Hospital/Acute Care

AR	Medicaid	H6521 - Chronic serous otitis media, right ear	69436	Approved	Hospital/Acute Care
AR	Medicaid	H6521 - Chronic serous otitis media, right ear	42830	Approved	Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820	Approved	Hospital/Acute Care
AR	Medicaid	J0301 - Acute recurrent streptococcal tonsillitis	42825	Approved	Hospital/Acute Care
AR	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95938	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95870	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95861	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95885	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95886	Approved	Hospital/Acute Care
AR	Medicaid	S32022S - Unstable burst fracture of second lumbar vertebra, sequela	95913	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
AR	Medicaid	G243 - Spasmodic torticollis	64616	Approved	Hospital/Acute Care
AR	Medicaid	N920 - Excessive and frequent menstruation with regular cycle	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	N920 - Excessive and frequent menstruation with regular cycle	58571	Approved	Hospital/Acute Care
AR	Medicaid	M48061 - Spinal stenosis, lumbar region without neurogenic claudication	63030	Approved	Hospital/Acute Care
AR	Medicaid	D485 - Neoplasm of uncertain behavior of skin	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	D485 - Neoplasm of uncertain behavior of skin	11400	Approved	Hospital/Acute Care
AR	Medicaid	D485 - Neoplasm of uncertain behavior of skin	42821	Approved	Hospital/Acute Care
AR	Medicaid	H6690 - Otitis media, unspecified, unspecified ear	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	H6690 - Otitis media, unspecified, unspecified ear	69436	Approved	Hospital/Acute Care
AR	Medicaid	M5137 - Other intervertebral disc degeneration, lumbosacral region	97161	Approved	Hospital/Acute Care
AR	Medicaid	M5137 - Other intervertebral disc degeneration, lumbosacral region	97110	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95811	Approved	Hospital/Acute Care
AR	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G802 - Spastic hemiplegic cerebral palsy	64645	Approved	Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820	Approved	Hospital/Acute Care
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	64645	Approved	Hospital/Acute Care
AR	Medicaid	J3501 - Chronic tonsillitis	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	J3501 - Chronic tonsillitis	42820	Approved	Hospital/Acute Care
AR	Medicaid	S72302D - Unspecified fracture of shaft of left femur, subsequent encounter for closed fracture with routine healing	20680	Approved	Hospital/Acute Care

AR	Medicaid	S76311A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter	97161	Approved		Hospital/Acute Care
AR	Medicaid	S76311A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter	97164	Approved		Hospital/Acute Care
AR	Medicaid	S76311A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, right thigh, initial encounter	97110	Approved		Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	OPAS	Approved		Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	47562	Approved		Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	69436	Approved		Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	42830	Approved		Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	OPAS	Approved		Hospital/Acute Care
AR	Medicaid	R1310 - Dysphagia, unspecified	92611	Approved		Hospital/Acute Care
AR	Medicaid	R1310 - Dysphagia, unspecified	92526	Approved		Hospital/Acute Care
AR	Medicaid	N939 - Abnormal uterine and vaginal bleeding, unspecified	58558	Approved		Hospital/Acute Care
AR	Medicaid	J353 - Hypertrophy of tonsils with hypertrophy of adenoids	42820	Approved		Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	OPAS	Approved		Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	47562	Approved		Hospital/Acute Care
AR	Medicaid	K8020 - Calculus of gallbladder without cholecystitis without obstruction	47563	Approved		Hospital/Acute Care
AR	Medicaid	H0011 - Chalazion right upper eyelid	67808	Approved		Hospital/Acute Care
AR	Medicaid	K029 - Dental caries, unspecified	41899	Approved		Hospital/Acute Care
AR	Medicaid	T7402XS - Child neglect or abandonment, confirmed, sequela	41899	Approved		Hospital/Acute Care
AR	Medicaid	T7402XS - Child neglect or abandonment, confirmed, sequela	00170	Approved		Hospital/Acute Care
AR	Medicaid	T7402XS - Child neglect or abandonment, confirmed, sequela	92652	Approved		Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	OPAS	Approved		Hospital/Acute Care
AR	Medicaid	H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	69436	Approved		Hospital/Acute Care
AR	Medicaid	Z0000 - Encounter for general adult medical examination without abnormal findings	OPAS	Denied	Medical Necessity Not Established	Hospital/Critical Access
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Medical Necessity Not Established	Physical Therapy & Rehab
AR	Medicaid	F33 - Major depressive disorder, recurrent	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	R48 - Dyslexia and other symbolic dysfunctions, not elsewhere classified	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F840 - Autistic disorder	97153	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR	Medicaid	R454 - Irritability and anger	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	R45851 - Suicidal ideations	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	R630 - Anorexia	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F41 - Other anxiety disorders	T1019	Denied	Medical Necessity Not Established	Personal Care

AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	P271 - Bronchopulmonary dysplasia originating in the perinatal period	E1390	Denied	Medical Necessity Not Established	Durable Medical Equipment
AR	Medicaid	P271 - Bronchopulmonary dysplasia originating in the perinatal period	E0430	Denied	Medical Necessity Not Established	Durable Medical Equipment
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	92507	Denied	Exceeds Notification Limits	Speech Language Pathologist
AR	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood	ST	Denied	Exceeds Notification Limits	Speech Language Pathologist
AR	Medicaid	F902 - Attention-deficit hyperactivity disorder, combined type	T1019	Denied	Unknown	Personal Care
AR	Medicaid	F840 - Autistic disorder	T1019	Denied	Unknown	Personal Care
AR	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F913 - Oppositional defiant disorder	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	G0480	Denied	Not a Covered Benefit	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	G0481	Denied	Not a Covered Benefit	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	G0482	Denied	Not a Covered Benefit	Multi-Specialty Group
AR	Medicaid	F1120 - Opioid dependence, uncomplicated	G0483	Denied	Not a Covered Benefit	Multi-Specialty Group
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80363	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80365	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80358	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80354	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80346	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80353	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80325	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80359	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	Z022 - Encounter for examination for admission to residential institution	80348	Denied	Medical Necessity Not Established	Laboratory
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F70 - Mild intellectual disabilities	S5165	Denied	Medical Necessity Not Established	Base Level Providers
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97156	Denied	Unknown	Physical Therapy & Rehab
AR	Medicaid	R620 - Delayed milestone in childhood	97110	Denied	Administrative Denial	Hospital/Acute Care
AR	Medicaid	R620 - Delayed milestone in childhood	97110	Denied	Administrative Denial	Hospital/Acute Care
AR	Medicaid	R620 - Delayed milestone in childhood	T1015	Denied	Administrative Denial	Hospital/Acute Care
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1399	Denied	Medical Necessity Not Established	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98940	Denied	Medical Necessity Not Established	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98941	Denied	Medical Necessity Not Established	Chiropractor
AR	Medicaid	M9905 - Segmental and somatic dysfunction of pelvic region	98942	Denied	Medical Necessity Not Established	Chiropractor
AR	Medicaid	F72 - Severe intellectual disabilities	SUSS	Denied	Medical Necessity Not Established	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	SUSS	Denied	Unknown	W-Out of Home Respite
AR	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Multi-Specialty Group
AR	Medicaid	F840 - Autistic disorder	97151	Denied	Unknown	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97152	Denied	Unknown	Licensed Behavioral Analyst

AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Physical Therapy & Rehab
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F909 - Attention-deficit hyperactivity disorder, unspecified type	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	OPAS	Denied	Medical Necessity Not Established	Ambulatory Surgical Center
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64463	Denied	Medical Necessity Not Established	Ambulatory Surgical Center
AR	Medicaid	M47816 - Spondylosis without myelopathy or radiculopathy, lumbar region	64494	Denied	Medical Necessity Not Established	Ambulatory Surgical Center
AR	Medicaid	F840 - Autistic disorder	97151	Denied	Medical Necessity Not Established	Physical Therapy & Rehab
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9123	Denied	Medical Necessity Not Established	Home Health Agency
AR	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus	S9124	Denied	Medical Necessity Not Established	Home Health Agency
AR	Medicaid	F802 - Mixed receptive-expressive language disorder	E1399	Denied	Medical Necessity Not Established	Speech Language Pathologist
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	S9123	Denied	Medical Necessity Not Established	Home Health Agency
AR	Medicaid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	S9124	Denied	Medical Necessity Not Established	Home Health Agency
AR	Medicaid	G4730 - Sleep apnea, unspecified	42820	Denied	Medical Necessity Not Established	Hospital/Acute Care
AR	Medicaid	R48 - Dyslexia and other symbolic dysfunctions, not elsewhere classified	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	F33 - Major depressive disorder, recurrent	T1019	Denied	Medical Necessity Not Established	Personal Care
AR	Medicaid	H0011 - Chalazion right upper eyelid	67808	Denied	Medical Necessity Not Established	Hospital/Acute Care
AR	Medicaid	H0011 - Chalazion right upper eyelid	67825	Denied	Medical Necessity Not Established	Hospital/Acute Care

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