

		5: :		PASSE	
Market	Program	Diagnosis	Procedure		ion 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 E1399	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder F840 - Autistic disorder	T1019	Approved	Durable Medical Equipment Personal Care
AR	Medicaid Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR AR	Medicaid	F840 - Autistic disorder	H2016	Approved	, , , , , , , , , , , , , , , , , , ,
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dov Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	H2016	Approved 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

4R	Medicaid	F840 - Autistic disorder	97155	Approved	Children Intensive Behavioral
R	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
₹	Medicaid	F840 - Autistic disorder	E1399	Approved	Durable Medical Equipment
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Medicaid	F840 - Autistic disorder	97151	Approved	Children Intensive Behavioral
<u>. </u>	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
`	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
₹	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
₹	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
R	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite W-Out of Home Respite
R	Medicaid	F840 - Autistic disorder	97151	Approved	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97156	Approved	Licensed Behavioral Analyst
ıR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst
ιR	Medicaid	F840 - Autistic disorder	97151	•	Children Intensive Behavioral
.R		F840 - Autistic disorder	H2016	Approved	
	Medicaid			Approved	W-Out of Home Respite W-Out of Home Respite
.R	Medicaid	F840 - Autistic disorder	H2016	Approved	· · · · · · · · · · · · · · · · · · ·
.R	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
.R	Medicaid	F840 - Autistic disorder	97151	Approved	Physical Therapy & Rehab
.R	Medicaid	F840 - Autistic disorder	97153	Approved	Physical Therapy & Rehab
.R	Medicaid	F840 - Autistic disorder	97155	Approved	Physical Therapy & Rehab
·R	Medicaid	F840 - Autistic disorder	97156	Approved	Physical Therapy & Rehab
AR .	Medicaid	F840 - Autistic disorder	97153	Approved	Physical Therapy & Rehab
·R	Medicaid	F840 - Autistic disorder	97151	Approved	Physical Therapy & Rehab
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Physical Therapy & Rehab
\R	Medicaid	F840 - Autistic disorder	97156	Approved	Physical Therapy & Rehab
\R	Medicaid	F840 - Autistic disorder	S5165	Approved	W-Out of Home Respite
\R	Medicaid	F840 - Autistic disorder	T2025	Approved	ACS W-Org Hlth Care Deliv Sy
١R	Medicaid	F840 - Autistic disorder	T2025	Approved	W-Out of Home Respite
\R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	F840 - Autistic disorder	H2016	Approved	Adult Dev Day Tmt (ADDT)
۱R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
٩R	Medicaid	F840 - Autistic disorder	T1019	Approved	Personal Care
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
٩R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
٩R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
٩R	Medicaid	F840 - Autistic disorder	97155	Approved	Children Intensive Behavioral
١R	Medicaid	F840 - Autistic disorder	97154	Approved	Licensed Behavioral Analyst
AR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst
١R	Medicaid	F840 - Autistic disorder	97156	Approved	Licensed Behavioral Analyst
١R	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
۱R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
١R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
١R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
١R	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	F840 - Autistic disorder	97530	Approved	Therapy PT, OT, SLP
۱ اR	Medicaid	F840 - Autistic disorder	OT	Approved	Therapy PT, OT, SLP
\R	Medicaid	F840 - Autistic disorder	T2028	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	H2016	Approved	W-Out of Home Respite
ιR	Medicaid	F840 - Autistic disorder	97530	Approved	Adult Dev Day Tmt (ADDT)
ικ ιR	Medicaid	F840 - Autistic disorder	97530	Approved	Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
.R	Medicaid	F840 - Autistic disorder	97151	Approved	Licensed Behavioral Analyst
ıR	Medicaid	F840 - Autistic disorder	97153	Approved	Licensed Behavioral Analyst
ικ ιR	Medicaid	F840 - Autistic disorder	97155	Approved	Licensed Behavioral Analyst Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97156		
AR . D		F840 - Autistic disorder	T1019	Approved	Licensed Behavioral Analyst
R D	Medicaid			Approved	Personal Care
R D	Medicaid	F840 - Autistic disorder	E1234	Approved	Durable Medical Equipment
AR D	Medicaid	F840 - Autistic disorder	K0040	Approved	Durable Medical Equipment
.R	Medicaid	F840 - Autistic disorder	E2293	Approved	Durable Medical Equipment
AR AD	Medicaid	F840 - Autistic disorder	E2292	Approved	Durable Medical Equipment
.R	Medicaid	F840 - Autistic disorder	E2231	Approved	Durable Medical Equipment
.R	Medicaid	F840 - Autistic disorder	E0973	Approved	Durable Medical Equipment
·R	Medicaid	F840 - Autistic disorder	E0950	Approved	Durable Medical Equipment
AR	Medicaid	F840 - Autistic disorder	E1028	Approved	Durable Medical Equipment
۱R	Medicaid	F840 - Autistic disorder	E0951	Approved	Durable Medical Equipment
١R	Medicaid	F840 - Autistic disorder	E0960	Approved	Durable Medical Equipment
AR .	Medicaid	F840 - Autistic disorder	E0978	Approved	Durable Medical Equipment
۱R	Medicaid	F840 - Autistic disorder	K0108	Approved	Durable Medical Equipment
۱R	Medicaid	F840 - Autistic disorder	E0955	Approved	Durable Medical Equipment
٩R	Medicaid	F840 - Autistic disorder	E0971	Approved	Durable Medical Equipment

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 Dov Dov Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder	T2025 T2025	Approved	Adult Dov Dov Tmt (ADDT)
AR	Medicaid	F840 - Autistic disorder		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		F840 - Autistic disorder	97153		Licensed Behavioral Analyst
	Medicaid	F840 - Autistic disorder	97155	Approved	·
AR	Medicaid			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)
	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR		F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
	Medicaid			1.1 (2.22)	
AR AR AR	Medicaid Medicaid		T2025	Approved	Adult Dev Dav Tmt (ADDT)
	Medicaid Medicaid Medicaid	F70 - Mild intellectual disabilities F70 - Mild intellectual disabilities	T2025 T2025	Approved Approved	Adult Dev Day Tmt (ADDT) W-Out of Home Respite

AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	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	T1019	Approved	Personal Care
AR	Medicaid	F70 - Mild intellectual disabilities	SLMN	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	T2025	Approved	Supported Employment
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Supported Employment
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	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	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	<u> </u>	W-Out of Home Respite
				Approved	·
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
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)
4R	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	W-Out of Home Respite
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
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	H2016	Approved	Base Level Providers
AR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
4R	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	H2016	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	H2016	Approved	Base Level Providers
	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
AR					
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	H2016	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	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	H2016	Approved	Base Level Providers
4R	Medicaid	F70 - Mild intellectual disabilities	T2020	Approved	Base Level Providers
4R	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	H2016	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	H2016	Approved	Base Level Providers
	Medicaid	F70 - Mild intellectual disabilities	H2016		Base Level Providers Base Level Providers
AR AD				Approved	
AR AB	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	H2016	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	H2016	Approved	Base Level Providers
AR .	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
4R	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
٩R	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
4R	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
ΑR	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
***	Medicaid	F70 - Mild intellectual disabilities	H2016	Approved	Base Level Providers
			H2016	Approved	Base Level Providers
4R		F70 - Mild intellectual disabilities	112010		Dasc Ecycli Tovicici
AR AR	Medicaid			· ·	
AR AR AR AR		F70 - Mild intellectual disabilities F70 - Mild intellectual disabilities F70 - Mild intellectual disabilities	H2016 H2016	Approved Approved	Base Level Providers Base Level Providers

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

ΔR	Medicaid	R112 - Nausea with vomiting, unspecified	43248	Approved	Hospital/Critical Access
۸R	Medicaid	R112 - Nausea with vomiting, unspecified	43249	Approved	Hospital/Critical Access
.R	Medicaid	R112 - Nausea with vomiting, unspecified	43250	Approved	Hospital/Critical Access
R	Medicaid	R112 - Nausea with vomiting, unspecified	OPAS	Approved	Hospital/Critical Access
R	Medicaid	F3481 - Disruptive mood dysregulation diso	90791	Approved	Outpt Behav Hlth Agency
_		F901 - Attention-deficit hyperactivity			
\R	Medicaid	disorder, predominantly hyperactive type	90791	Approved	Lic Pro Clinical Cnslr LPCC
R	Medicaid	F3481 - Disruptive mood dysregulation diso		Approved	Outpt Behav Hlth Agency
R	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
.R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	F3481 - Disruptive mood dysregulation diso H66003 - Acute suppurative otitis media	OV	Approved	Outpt Behav Hlth Agency
۱R	Medicaid	without spontaneous rupture of ear drum, bilateral	OPAS	Approved	Ambulatory Surgical Center
		H66003 - Acute suppurative otitis media without spontaneous rupture of ear drum,			
AR .	Medicaid	bilateral	69205	Approved	Ambulatory Surgical Center
۸R	Medicaid	F900 - Attention-deficit hyperactivity disorder, predominantly inattentive type	90792	Approved	Outpt Behav Hith Agency
.R	Medicaid	F4320 - Adjustment disorder, unspecified	90792	Approved	Outpt Behav Hlth Agency
R	Medicaid	J45909 - Unspecified asthma, uncomplicated	94726	Approved	Hospital/Critical Access
N.	ivieuicaiu	F902 - Attention-deficit hyperactivity	94720	Арргочеи	HOSPITAL/CHITICAL ACCESS
AR .	Medicaid	disorder, combined type D2111 - Benign neoplasm of connective	OV	Approved	Outpt Behav HIth Agency
٨R	Medicaid	and other soft tissue of right upper limb, including shoulder	11403	Approved	Hospital/Critical Access
		D2111 - Benign neoplasm of connective and other soft tissue of right upper limb,		··	<u> </u>
R	Medicaid	including shoulder	12032	Approved	Hospital/Critical Access
R	Medicaid	R45851 - Suicidal ideations	A0429	Approved	Ambulance Land
₹	Medicaid	R45851 - Suicidal ideations	A0425	Approved	Ambulance Land
D	N 4 - al: - a: al	F2404 Dismonting record dynamical lating disc	01/	Annanad	Mantana I aval Clininia a
R	Medicaid	F3481 - Disruptive mood dysregulation diso		Approved	Masters Level Clinicians
R	Medicaid	F919 - Conduct disorder, unspecified	OV	Approved	Masters Level Clinicians
R	Medicaid	Q909 - Down syndrome, unspecified	S5162	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	F3481 - Disruptive mood dysregulation diso	BHAS	Approved	Outpt Behav Hlth Agency
R	Medicaid	Q1381 - Rieger's anomaly	97530	Approved	Therapy PT, OT, SLP
R	Medicaid	Q1381 - Rieger's anomaly	97110	Approved	Therapy PT, OT, SLP
R	Medicaid	Q1381 - Rieger's anomaly	92507	Approved	Therapy PT, OT, SLP
R	Medicaid	Q1381 - Rieger's anomaly	PT	Approved	Therapy PT, OT, SLP
R	Medicaid	Q1381 - Rieger's anomaly	ST	Approved	Therapy PT, OT, SLP
.R	Medicaid	Q1381 - Rieger's anomaly	OT	Approved	Therapy PT, OT, SLP
R	Medicaid	F3481 - Disruptive mood dysregulation diso	OV	Approved	Masters Level Clinicians
		M4145 - Neuromuscular scoliosis,			
.R	Medicaid	thoracolumbar region	L0482	Approved	Supplier Prosthetic/Orthotic
.R	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Outpt Behav Hlth Agency
R	Medicaid	F3481 - Disruptive mood dysregulation diso	90791	Approved	Outpt Behav Hith Agency
D	na li il	F4325 - Adjustment disorder with mixed	00704		0.1.5.1
.R	Medicaid	disturbance of emotions and conduct	90791	Approved	Outpt Behav HIth Agency
·R	Medicaid	F319 - Bipolar disorder, unspecified	TCL2	Approved	Enhanced Level Providers
AR -	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Enhanced Level Providers
\R	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 Pathologis
٩R	Medicaid	F800 - Phonological disorder	ST	Approved	Speech Language Pathologis

AR	Medicaid	F913 - Oppositional defiant disorder	OV	Approved	Outpt Behav Hlth Agency
R	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org HIth Care Deliv Sys
	medicaid	F82 - Specific developmental disorder of		прист	, tes to ong man care sent sys
R	Medicaid	motor function	ОТ	Approved	Supplier Prosthetic/Orthotic
_		F82 - Specific developmental disorder of			
.R	Medicaid	motor function	97530	Approved	Supplier Prosthetic/Orthotic
ιR	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
	Wicarcara	Z113 - Encounter for screening for	37330	Дриочеа	Supplier 1 Tostificato, Ortifotic
		infections with a predominantly sexual			
.R	Medicaid	mode of transmission	87591	Approved	OB/GYN
		Z113 - Encounter for screening for			
۱R	Medicaid	infections with a predominantly sexual mode of transmission	87491	Approved	OB/GYN
ın	ivieuicaiu	Z113 - Encounter for screening for	0/431	Арргочеа	Objetin
		infections with a predominantly sexual			
.R	Medicaid	mode of transmission	87561	Approved	OB/GYN
.R	Medicaid	F3481 - Disruptive mood dysregulation diso	OV	Approved	Masters Level Clinicians
		F4325 - Adjustment disorder with mixed			
.R	Medicaid	disturbance of emotions and conduct	OV	Approved	Masters Level Clinicians
.R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
.R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
.R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	Adult Dev Day Tmt (ADDT)
.R	Medicaid	Q059 - Spina bifida, unspecified	97110	Approved	Therapy PT, OT, SLP
.R	Medicaid	Q059 - Spina bifida, unspecified F331 - Major depressive disorder,	97110	Approved	Therapy PT, OT, SLP
۸R	Medicaid	recurrent, moderate	OV	Approved	Masters Level Clinicians
	1110010010	F902 - Attention-deficit hyperactivity			
ιR	Medicaid	disorder, combined type	99214	Approved	Psychiatry
		F902 - Attention-deficit hyperactivity			
\R	Medicaid	disorder, combined type	90792	Approved	Psychiatry
٨R	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org HIth Care Deliv Sys
AR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	Acs w-org Hith Care Deliv sys
\R	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	Adult Dev Day Tmt (ADDT)
		R6250 - Unspecified lack of expected		.,	, , ,
		normal physiological development in			
٩R	Medicaid	childhood	92507	Approved	Early Int. Day Tmt (EIDT)
	N/odiocid	F4312 - Post-traumatic stress disorder,	01/	Ammunum	Montal Hoolth
AR	Medicaid	chronic K219 - Gastro-esophageal reflux disease	OV	Approved	Mental Health
۸R	Medicaid	without esophagitis	43235	Approved	Ambulatory Surgical Center
	1110010010	K219 - Gastro-esophageal reflux disease			, in a latery out 8,000 contest.
۱R	Medicaid	without esophagitis	43239	Approved	Ambulatory Surgical Center
		K219 - Gastro-esophageal reflux disease			
۸R	Medicaid	without esophagitis	43250	Approved	Ambulatory Surgical Center
AR.	Medicaid	K219 - Gastro-esophageal reflux disease without esophagitis	43251	Approved	Ambulatory Surgical Center
VIV.	ivieuicaiu	K219 - Gastro-esophageal reflux disease	43231	Арргочец	Ambulatory Surgical Center
۸R	Medicaid	without esophagitis	43255	Approved	Ambulatory Surgical Center
		R6250 - Unspecified lack of expected		· ·	· · ·
		normal physiological development in			
\R	Medicaid	childhood	97530	Approved	Early Int. Day Tmt (EIDT)
		R6250 - Unspecified lack of expected			
ιR	Medicaid	normal physiological development in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
.R	Medicaid	M5416 - Radiculopathy, lumbar region	97110	Approved	Hospital/Critical Access
R	Medicaid	M5416 - Radiculopathy, lumbar region	PTO	Approved	Hospital/Critical Access
		F82 - Specific developmental disorder of			
.R	Medicaid	motor function	97530	Approved	Therapy PT, OT, SLP
D	, a	F82 - Specific developmental disorder of	ОТ	A	Th
AR	Medicaid	motor function F82 - Specific developmental disorder of	ОТ	Approved	Therapy PT, OT, SLP
ιR	Medicaid	motor function	97530	Approved	Therapy PT, OT, SLP
AR	Medicaid	M5481 - Occipital neuralgia	20552	Approved	Neurology
		F802 - Mixed receptive-expressive language			0/
	Medicaid	disorder	92507	Approved	Speech Language Pathologist

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Medical Medica	ΛD	Madicaid	F902 - Attention-deficit hyperactivity	OV	Approved	Psychology (PhD)
And Medicale or natioupasthy, furnishar region evil 93 Approved Ambulatory Surgical Center (M1781s - Spondy) dissist without in weldpathy (M1781s - Spondy) and the second of the second	AK	Medicald	disorder, combined type	OV	Approved	Psychology (Phb)
Medicale or natioutpathy, furnishar region evit93 Approved Ambulatory Surgical Center (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - Spondy class without invelopathy) Mirgue - Spondy class without invelopathy (M1781s - M2781s - M2781s) Mirgue - M1781s - M17			M47816 - Spondylosis without myelopathy			
Medical Control or adicionality, limitar region G4494 Approved Ambulatory Surgical Center S63291 A. Other tors of function mericans, and the control of the	AR	Medicaid		64493	Approved	Ambulatory Surgical Center
Meliciai or aductiopatity, furnibar region 64494 Approved Ambulatory Surgical Center 583281A - Other tear of lateral meniscus, 583281A - Other tear of later						, •
AR Medicaid Current rijary, right time, initial encounter SS3281A - Other tear of lateral membrus, AR Medicaid Current rijary, right time, initial encounter SS3281A - Other tear of lateral membrus, AR Medicaid Current rijary, right time, initial encounter Company of the company of lateral membrus, AR Medicaid AR Medicaid AR Medicaid AR Medicaid AR Medicaid Resource of the company of t			M47816 - Spondylosis without myelopathy			
Medicaid current injury, right knee, initial encounter 29881	AR	Medicaid	or radiculopathy, lumbar region	64494	Approved	Ambulatory Surgical Center
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M47812 - Spondylosis without myelopathy						
	AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
			M47912 Coordulacia with aut acceleration			
Ambuildiby Surgical Center	ΔR	Madicaid		64633	Annroyed	Ambulatory Surgical Contor
	\(\alpha\)	ivicultalu	or radicalopatity, cervical region	0-1033	Αμμιονεά	Ambulatory Surgical Certiter

F4310 - Po AR Medicaid unspecified AR Medicaid Q780 - Ost AR Medicaid F411 - Gen AR Medicaid F918 - Oth AR Medicaid F3481 - Dis R625 - Oth	eogenesis imperfecta eralized anxiety disorder er conduct disorders cruptive mood dysregulation diso er and unspecified lack of ormal physiological	OV OV E0465 OV OV	Approved Approved Approved Approved Approved	Outpt Behav HIth Agency Outpt Behav HIth Agency Ventilator Equipment Outpt Behav HIth Agency
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AR Medicaid Q780 - Ost AR Medicaid F411 - Gen AR Medicaid F918 - Oth AR Medicaid F3481 - Dis R625 - Oth expected n	eogenesis imperfecta eralized anxiety disorder er conduct disorders cruptive mood dysregulation diso er and unspecified lack of ormal physiological	E0465 OV OV	Approved Approved	Ventilator Equipment
AR Medicaid F411 - Gen AR Medicaid F918 - Oth AR Medicaid F3481 - Dis R625 - Oth expected n	eralized anxiety disorder er conduct disorders cruptive mood dysregulation diso er and unspecified lack of ormal physiological	OV OV	Approved	
AR Medicaid F918 - Oth AR Medicaid F3481 - Dis R625 - Oth expected n	er conduct disorders ruptive mood dysregulation diso er and unspecified lack of ormal physiological	OV	• • • • • • • • • • • • • • • • • • • •	Outpt Behav Hith Agency
AR Medicaid F3481 - Dis R625 - Oth expected n	cruptive mood dysregulation diso er and unspecified lack of cormal physiological		Approved	
R625 - Oth expected n	er and unspecified lack of ormal physiological	OV		Outpt Behav Hlth Agency
R625 - Oth expected n	er and unspecified lack of ormal physiological		Approved	Outpt Behav Hlth Agency
expected n	ormal physiological		. Ipp. C. Co.	Sent)
AR Medicaid developme	and the selection of			
	ent in chilanood	92507	Approved	Early Int. Day Tmt (EIDT)
AR Medicaid J3503 - Chi	onic tonsillitis and adenoiditis	OPAS	Approved	Ambulatory Surgical Center
	ronic tonsillitis and adenoiditis	42821	Approved	Ambulatory Surgical Center
	er and unspecified lack of ormal physiological			
•	ent in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
an ivicultata acveropine	THE HI CHINGHOOD	37330	Αρριονέα	Early III. Day Till (EIDT)
AR Medicaid F71 - Mode	erate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
R625 - Oth	er and unspecified lack of		· ·	· · · · ·
expected r	ormal physiological			
AR Medicaid developme	ent in childhood	97530	Approved	Early Int. Day Tmt (EIDT)
AR Medicaid G809 - Cer	ebral palsy, unspecified	H2016	Approved	Base Level Providers
AR Medicaid G809 - Cer	ebral palsy, unspecified	H2016	Approved	Base Level Providers
AR Medicaid F1120 - Op	ioid dependence, uncomplicated	80307	Approved	Multi-Specialty Group
AR Medicaid F1120 - Op	ioid dependence, uncomplicated	99211	Approved	Multi-Specialty Group
AR Medicaid F1120 - Op	ioid dependence, uncomplicated	00212	Approved	Multi-Specialty Group
AN INTEGRICATE 11120 - Op	noid dependence, uncomplicated	33212	Арргочец	Multi-specialty Group
AR Medicaid F1120 - Op	ioid dependence, uncomplicated	99213	Approved	Multi-Specialty Group
				там эрэгин, этээр
AR Medicaid F1120 - Op	ioid dependence, uncomplicated	99214	Approved	Multi-Specialty Group
·	ioid dependence, uncomplicated	99215	Approved	Multi-Specialty Group
	er and unspecified lack of			
·	ormal physiological			
·	ent in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
	at foot [pes planus] (acquired),			
AR Medicaid right foot		L3000	Approved	Supplier Prosthetic/Orthotic
F000 Llas	مرم المرابع المرابع المرابع المرابع			
	pecified behavioral and			
	disorders with onset usually	97530	Approved	Occupational Thoranict
-	n childhood and adolescence zophrenia, unspecified	TCL2	Approved	Occupational Therapist Enhanced Level Providers
AK Wedicald F209 - Scill	zopinema, unspecined	TCLZ	Approved	Enflanced Level Providers
AR Medicaid N1832 - Ch	ronic kidney disease, stage 3b	S9131	Approved	Home Health Agency
III IIICUICUIU IVIOSI CI	inome mamey albeade, stage ob	00101	прристей	Home Health, Belley
AR Medicaid N1832 - Ch	ronic kidney disease, stage 3b	T1021	Approved	Home Health Agency
	rhea, unspecified	OFVS	Approved	Adv. Practice Reg. Nurse
	rhea, unspecified	OV	Approved	Adv. Practice Reg. Nurse
	rhea, unspecified	99211	Approved	Adv. Practice Reg. Nurse
AR Medicaid R197 - Diai	rhea, unspecified	99212	Approved	Adv. Practice Reg. Nurse
AR Medicaid R197 - Dia	rhea, unspecified	99213	Approved	Adv. Practice Reg. Nurse
AR Medicaid R197 - Dia	rhea, unspecified	99214	Approved	Adv. Practice Reg. Nurse
	rhea, unspecified	99215	Approved	Adv. Practice Reg. Nurse
	ed receptive-expressive language			
AR Medicaid disorder		92507	Approved	Speech Language Pathologist
	re intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
	e intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
	ebral palsy, unspecified	K0108	Approved	Supplier Prosthetic/Orthotic
	ebral palsy, unspecified	K0739	Approved	Supplier Prosthetic/Orthotic
	ow back pain, unspecified	L0631	Approved	Supplier Prosthetic/Orthotic
	specified lack of expected			
·	ysiological development in	07520	Approved	Occupational Theory ist
AR Medicaid childhood	specified lack of expected	97530	Approved	Occupational Therapist
	specified lack of expected significant in			
AR Medicaid childhood	Jorophan acveropinent III	97530	Approved	Occupational Therapist
Wedicala cililatiou		3.330	πρριονέα	Occupational merapist

		R6250 - Unspecified lack of expected			
ΔR	Medicaid	normal physiological development in childhood	92507	Approved	Occupational Therapist
11	ivieuicaiu	Cilianou	32307	Approved	Occupational merapist
R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
R	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Outpt Behav Hlth Agency
		R6250 - Unspecified lack of expected		· ·	· · · · · · · · · · · · · · · · · · ·
		normal physiological development in			
R	Medicaid	childhood	97530	Approved	Early Int. Day Tmt (EIDT)
		R6250 - Unspecified lack of expected			
		normal physiological development in			
.R	Medicaid	childhood	97530	Approved	Early Int. Day Tmt (EIDT)
R	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	Occupational Therapist
		F802 - Mixed receptive-expressive language			
R	Medicaid	disorder	92507	Approved	Speech Language Pathologist
_		J353 - Hypertrophy of tonsils with	42024		
R	Medicaid	hypertrophy of adenoids	42821	Approved	Ambulatory Surgical Center
D	Madiaaid	J353 - Hypertrophy of tonsils with	ODAC	Approved	Ambulatory Curainal Contar
R	Medicaid	hypertrophy of adenoids	OPAS	Approved	Ambulatory Surgical Center
ιR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Outpt Behav Hlth Agency
		and the second of the second o		· 15 15 1 5 1 5 5	Salpe Seller, Selley
١R	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Enhanced Level Providers
		F329 - Major depressive disorder, single			
R	Medicaid	episode, unspecified	TCL2	Approved	Enhanced Level Providers
R	Medicaid	I10 - Essential (primary) hypertension	OFVS	Approved	General Practice
R	Medicaid	I10 - Essential (primary) hypertension	OV	Approved	General Practice
R	Medicaid	I10 - Essential (primary) hypertension	99214	Approved	General Practice
		R6250 - Unspecified lack of expected			
		normal physiological development in			
.R	Medicaid	childhood	92507	Approved	Therapy PT, OT, SLP
		R6250 - Unspecified lack of expected			
		normal physiological development in			
.R	Medicaid	childhood	97110	Approved	Therapy PT, OT, SLP
		R6250 - Unspecified lack of expected			
		normal physiological development in			
R	Medicaid	childhood	97110	Approved	Therapy PT, OT, SLP
R	Medicaid	G809 - Cerebral palsy, unspecified	97530	Approved	Occupational Therapist
R	Medicaid	G809 - Cerebral palsy, unspecified	97110	Approved	Occupational Therapist
R	Medicaid	G809 - Cerebral palsy, unspecified	92507	Approved	Occupational Therapist
.R	Medicaid	G809 - Cerebral palsy, unspecified	OT	Approved	Occupational Therapist
R	Medicaid	G809 - Cerebral palsy, unspecified	PT	Approved	Occupational Therapist
R	Medicaid	G809 - Cerebral palsy, unspecified	ST	Approved	Occupational Therapist
ιR	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
ın.	Medicalu	F/1 - Moderate intellectual disabilities	12023	Approved	ACS W-OIG HILLI Care Deliv Sys
١R	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
	ivicultalu	1.75 Onspecified intellectual disabilities	12023	Αρριονέα	Addit Dev Day Till (ADDI)
ιR	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)
	Wicalcalu	. 7.5 Onspecifica intellectual disabilities	12023	πρριονοι	Addit Dev Day Till (ADDI)
.R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
	wicaicaiu	onspecifica intericetual disabilities	.12010	, ,pp104C4	Addit Dev Day Till (ADDI)
R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
	Medicala			, , , , , , , , , , , , , , , , , , , ,	Addit Dev Day Tille (ADDI)
.R	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCL2	Approved	Enhanced Level Providers
		M2141 - Flat foot [pes planus] (acquired),			. 112 20.07040.0
R	Medicaid	right foot	L3000	Approved	Supplier Prosthetic/Orthotic
		R6250 - Unspecified lack of expected			.,
		normal physiological development in			
R	Medicaid	childhood	97110	Approved	EPSDT-Early Per Scr, Diag, Treat
		R6250 - Unspecified lack of expected			
		normal physiological development in			
R	Medicaid	childhood	PT	Approved	EPSDT-Early Per Scr, Diag, Treat
		R6250 - Unspecified lack of expected			
		normal physiological development in			
.R	Medicaid	childhood	97110	Approved	EPSDT-Early Per Scr,Diag,Treat
		M9904 - Segmental and somatic			
١R	Medicaid	dysfunction of sacral region	98942	Approved	Chiropractor
۸R	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	Adult Dev Day Tmt (ADDT)

		F802 - Mixed receptive-expressive language			
R	Medicaid	disorder	97110	Approved	Adult Dev Day Tmt (ADDT)
		R6250 - Unspecified lack of expected			
\ D	pa. It it	normal physiological development in	07440	A	The state of the
.R	Medicaid	childhood	97110	Approved	Therapy PT, OT, SLP
		R6250 - Unspecified lack of expected			
. D	Modicaid	normal physiological development in	DT	Approved	Thorony DT OT CLD
\R	Medicaid	childhood	PT	Approved	Therapy PT, OT, SLP
۸R	Medicaid	M9905 - Segmental and somatic	OFVS	Approved	Chirapraetar
AK .	Medicald	dysfunction of pelvic region M9905 - Segmental and somatic	UFVS	Approved	Chiropractor
٨R	Medicaid	dysfunction of pelvic region	CHRO	Approved	Chiropractor
NT.	Medicald	M9905 - Segmental and somatic	СПКО	Approved	Chiropractor
٨R	Medicaid	dysfunction of pelvic region	98940	Approved	Chiropractor
u v	Wicarcara	M9905 - Segmental and somatic	30340	присчен	Стторгассог
۸R	Medicaid	dysfunction of pelvic region	98941	Approved	Chiropractor
	Wicarcara	M9905 - Segmental and somatic	303 11	πρριονέα	Стторгассог
ιR	Medicaid	dysfunction of pelvic region	98942	Approved	Chiropractor
···R	Medicaid	R620 - Delayed milestone in childhood	97530	Approved	EPSDT-Early Per Scr, Diag, Treat
۱R	Medicaid	R620 - Delayed milestone in childhood	ОТО	Approved	EPSDT-Early Per Scr, Diag, Treat
				hh	. , ,
		F315 - Bipolar disorder, current episode			
ιR	Medicaid	depressed, severe, with psychotic features	TCL2	Approved	Enhanced Level Providers
۱R	Medicaid	R45851 - Suicidal ideations	A0428	Approved	Ambulance Land
۱R	Medicaid	R45851 - Suicidal ideations	A0425	Approved	Ambulance Land
		J9611 - Chronic respiratory failure with			
٨R	Medicaid	hypoxia	B4161	Approved	Ventilator Equipment
		J9611 - Chronic respiratory failure with			
٨R	Medicaid	hypoxia	B4035	Approved	Ventilator Equipment
		J9611 - Chronic respiratory failure with		· ·	
٨R	Medicaid	hypoxia	B4087	Approved	Ventilator Equipment
		J9611 - Chronic respiratory failure with			
۸R	Medicaid	hypoxia	B9998	Approved	Ventilator Equipment
		F802 - Mixed receptive-expressive language			
٩R	Medicaid	disorder	92507	Approved	Speech Language Pathologist
		F88 - Other disorders of psychological			
٨R	Medicaid	development	97530	Approved	Occupational Therapist
١R	Medicaid	R45851 - Suicidal ideations	TCLI	Approved	Enhanced Level Providers
١R	Medicaid	H5581 - Saccadic eye movements	92065	Approved	Optometry
١R	Medicaid	H5581 - Saccadic eye movements	92065	Approved	Optometry
٩R	Medicaid	J351 - Hypertrophy of tonsils	OPAS	Approved	Ambulatory Surgical Center
١R	Medicaid	J351 - Hypertrophy of tonsils	42825	Approved	Ambulatory Surgical Center
		J441 - Chronic obstructive pulmonary			
۱R	Medicaid	disease with (acute) exacerbation	T1021	Approved	Home Health Agency
١R	Medicaid	R45850 - Homicidal ideations	A0428	Approved	Ambulance Land
\R	Medicaid	R45850 - Homicidal ideations	A0425	Approved	Ambulance Land
٩R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	ADPS	Approved	Adult Dev Day Tmt (ADDT)
٩R	Medicaid	Q9351 - Angelman syndrome	97110	Approved	Early Int. Day Tmt (EIDT)
_		F802 - Mixed receptive-expressive language			
٩R	Medicaid	disorder	92507	Approved	Speech Language Pathologist
		R625 - Other and unspecified lack of			
		expected normal physiological			
\R	Medicaid	development in childhood	92507	Approved	Early Int. Day Tmt (EIDT)
۱R	Medicaid	G809 - Cerebral palsy, unspecified	SUSS	Approved	Adult Dev Day Tmt (ADDT)
\R	Medicaid	R296 - Repeated falls	97110	Approved	Therapy PT, OT, SLP
\R	Medicaid	R296 - Repeated falls	PT	Approved	Therapy PT, OT, SLP
		F802 - Mixed receptive-expressive language	00505		
\R	Medicaid	disorder	92507	Approved	Speech Language Pathologist
D		E74 Manufacture II at 1 to 1 to 1	112046	A	
۸R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
_		F82 - Specific developmental disorder of	07520	A	
.R	Medicaid	motor function	97530	Approved	Speech Language Pathologist
_		F82 - Specific developmental disorder of	OT.		
\R	Medicaid	motor function	ОТ	Approved	Speech Language Pathologist
		F82 - Specific developmental disorder of	07522		<u> </u>
AR .	Medicaid	motor function	97530	Approved	Occupational Therapist
۸.۵	KA III - II	NACOOL Navasla	07440	A 10-10-10-10-1	6
AR .	Medicaid	M6281 - Muscle weakness (generalized)	97110	Approved	Speech Language Pathologist
			PT	Approved	Speech Language Pathologist
4R	Medicaid	M6281 - Muscle weakness (generalized)			

		54040 0			
AR	Medicaid	F4312 - Post-traumatic stress disorder, chronic	H2020	Approved	Outpt Behav Hith Agency
		Z01818 - Encounter for other preprocedural			compression and a second
AR	Medicaid	examination	OFVS	Approved	Plastic Surgery
۸R	Medicaid	Z01818 - Encounter for other preprocedural examination	OV	Approved	Plastic Surgery
NN.	ivieuicaiu	Z01818 - Encounter for other preprocedural		Approved	Plastic Surgery
ιR	Medicaid	examination	99212	Approved	Plastic Surgery
		Z01818 - Encounter for other preprocedural			
۸R	Medicaid	examination	99213	Approved	Plastic Surgery
۸R	Medicaid	M47897 - Other spondylosis, lumbosacral region	64635	Approved	Ambulatory Surgical Center
111	Wicaicaia	M47897 - Other spondylosis, lumbosacral	0-1033	Αρριονεά	Ambulatory surgical certical
٨R	Medicaid	region	64636	Approved	Ambulatory Surgical Center
۱R	Medicaid	F804 - Speech and language development delay due to hearing loss	92507	Approved	Adult Dev Day Tmt (ADDT)
AIN .	Medicalu	M2141 - Flat foot [pes planus] (acquired),	92307	Αρριονέα	Adult Dev Day Till (ADDT)
ιR	Medicaid	right foot	L3000	Approved	Supplier Prosthetic/Orthotic
١R	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
_			0.51.40		
۱R	Medicaid	N1831 - Chronic kidney disease, stage 3a	OFVS	Approved	Internal Medicine
۸R	Medicaid	N1831 - Chronic kidney disease, stage 3a	OV	Approved	Internal Medicine
				. фр. с. се	
١R	Medicaid	N1831 - Chronic kidney disease, stage 3a	99215	Approved	Internal Medicine
		F321 - Major depressive disorder, single			
\R	Medicaid	episode, moderate	H2020	Approved	Outpt Behav Hlth Agency
		M75121 - Complete rotator cuff tear or rupture of right shoulder, not specified as			
٨R	Medicaid	traumatic	97110	Approved	Hospital/Critical Access
		M75121 - Complete rotator cuff tear or		P.P. 2. 2.	
		rupture of right shoulder, not specified as			
٩R	Medicaid	traumatic	97150	Approved	Hospital/Critical Access
		M75121 - Complete rotator cuff tear or			
ΑR	Medicaid	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)
		M2141 - Flat foot [pes planus] (acquired),		, ,pp, 0100	induit 200 2dy init (i i 22 i)
١R	Medicaid	right foot	L3000	Approved	Supplier Prosthetic/Orthotic
\ D	0.41: : -1	M47816 - Spondylosis without myelopathy	F0720	A managed at	Dhariad Madiaire C Dalach
\R	Medicaid	or radiculopathy, lumbar region	E0730	Approved	Physical Medicine & Rehab
٩R	Medicaid	F3481 - Disruptive mood dysregulation diso	H2020	Approved	Outpt Behav Hlth Agency
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			5.50
		F4325 - Adjustment disorder with mixed			
١R	Medicaid	disturbance of emotions and conduct	90791	Approved	Outpt Behav Hlth Agency
AR	Medicaid	R45850 - Homicidal ideations	A0428	Approved	Ambulance Land
AR AR	Medicaid Medicaid	R45850 - Homicidal ideations R45850 - Homicidal ideations	A0425 A0428	Approved	Ambulance Land Ambulance Land
AR	Medicaid	R45850 - Homicidal ideations	A0425	Approved Approved	Ambulance Land
	ivicalculu		5 .25	Approved	/ initialities Luniu
٩R	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	OPAS	Approved	Ambulatory Surgical Center
AR	Medicaid	J3503 - Chronic tonsillitis and adenoiditis	42820	Approved	Ambulatory Surgical Center
AR AB	Medicaid	Q909 - Down syndrome, unspecified	97110 97530	Approved	Adult Dov Day Tmt (ADDT)
AR AR	Medicaid Medicaid	Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	97530	Approved Approved	Adult Dev Day Tmt (ADDT) Adult Dev Day Tmt (ADDT)
	ivicuicalu	J9611 - Chronic respiratory failure with	32307	Αρριονου	Addit Dev Day Tillt (ADDT)
٨R	Medicaid	hypoxia	S9123	Approved	Home Health Agency
		J9611 - Chronic respiratory failure with			
۱R	Medicaid	hypoxia	S9124	Approved	Home Health Agency
ı D	Modies id	E2E0 Schizooffootive disorder himsler true	TCU	Annavad	Adv. Direction Des Nivers
kR kR	Medicaid Medicaid	F250 - Schizoaffective disorder, bipolar type F209 - Schizophrenia, unspecified	TCL2	Approved Approved	Adv. Practice Reg. Nurse Enhanced Level Providers
AR	Medicaid	F209 - Schizophrenia, unspecified	TCLI	Approved	Adv. Practice Reg. Nurse
	550010				
۸R	Medicaid	R1312 - Dysphagia, oropharyngeal phase	B4160	Approved	Home Infusion
AR	Medicaid	R1312 - Dysphagia, oropharyngeal phase F209 - Schizophrenia, unspecified	B4035 TCLI	Approved	Home Infusion Enhanced Level Providers
١.		- uni replandrople unconstitud	11.11	Approved	Enhanced Loyal Dravidors
\R	Medicaid	F209 - Schizophrenia, unspecified	TCLI	πρριονέα	Etilialiced Level Providers

AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	TCLI	Approved	Enhanced Level Providers
ΑR	Medicaid	F88 - Other disorders of psychological development	T4530	Approved	W-Home Medical Equipment
٨R	Medicaid	F88 - Other disorders of psychological development	T4532	Approved	W-Home Medical Equipment
۱R	Medicaid	F88 - Other disorders of psychological development	A4554	Approved	W-Home Medical Equipment
.R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Base Level Providers
.R	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	Base Level Providers
۸R	Medicaid	F79 - Unspecified intellectual disabilities	SUSS	Approved	Base Level Providers
AR	Medicaid	G80 - Cerebral palsy	97110	Approved	Therapy PT, OT, SLP
ι. ιR	Medicaid	G80 - Cerebral palsy	97110	Approved	Therapy PT, OT, SLP
.R	Medicaid	F329 - Major depressive disorder, single episode, unspecified	TCL2	Approved	Enhanced Level Providers
١R	Medicaid	F312 - Bipolar disorder, current episode manic severe with psychotic features	TCL2	Approved	Enhanced Level Providers
		R6250 - Unspecified lack of expected normal physiological development in		· ·	
.R	Medicaid	childhood	92507	Approved	Adult Dev Day Tmt (ADDT)
۸R	Medicaid	Z4800 - Encounter for change or removal of nonsurgical wound dressing	99203	Approved	Adv. Practice Reg. Nurse
١R	Medicaid	Z4800 - Encounter for change or removal of nonsurgical wound dressing	99214	Approved	Adv. Practice Reg. Nurse
۸R	Medicaid	F802 - Mixed receptive-expressive language disorder	92507	Approved	Therapy PT, OT, SLP
۸R	Medicaid	M47817 - Spondylosis without myelopathy or radiculopathy, lumbosacral region	L0650	Approved	Family Practice
				· ·	<u> </u>
AR .	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	ACS W-Org Hlth Care Deliv Sys
۱R	Medicaid	F209 - Schizophrenia, unspecified	OV	Approved	Outpt Behav Hith Agency
.R	Medicaid	Q052 - Lumbar spina bifida with hydrocephalus Q052 - Lumbar spina bifida with	S9123	Approved	Home Health Agency
٨R	Medicaid	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
NIN .	Medicald	G40909 - Epilepsy, unspecified, not	112010	Αρριονέα	Wentar Health Chine
AR	Medicaid	intractable, without status epilepticus G40909 - Epilepsy, unspecified, not	S9123	Approved	Home Health Agency
AR	Medicaid	intractable, without status epilepticus R6250 - Unspecified lack of expected	S9124	Approved	Home Health Agency
		normal physiological development in			
AR	Medicaid	childhood R6250 - Unspecified lack of expected	97530	Approved	Occupational Therapist
.R		normal physiological development in		Approved	- I I I I I I I I I I I I I I I I I I I
	Medicaid	childhood	97530	Approved	Early Int. Day Tmt (EIDT)
D		R6250 - Unspecified lack of expected normal physiological development in		· ·	
AR	Medicaid Medicaid	R6250 - Unspecified lack of expected	97530	Approved	Early Int. Day 1mt (EID1) Early Int. Day Tmt (EIDT)
		R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected		· ·	
۸R	Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in	97530	Approved	Early Int. Day Tmt (EIDT)
AR AR AR	Medicaid Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F319 - Bipolar disorder, unspecified F319 - Bipolar disorder, unspecified	97530 92507	Approved Approved	Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT)
\R \R	Medicaid Medicaid Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F319 - Bipolar disorder, unspecified	97530 92507 90791	Approved Approved Approved	Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Psychology (PhD)
AR AR AR	Medicaid Medicaid Medicaid Medicaid	R6250 - Unspecified lack of expected normal physiological development in childhood R6250 - Unspecified lack of expected normal physiological development in childhood F319 - Bipolar disorder, unspecified F319 - Bipolar disorder, unspecified F802 - Mixed receptive-expressive language	97530 92507 90791 96130	Approved Approved Approved Approved	Early Int. Day Tmt (EIDT) Early Int. Day Tmt (EIDT) Psychology (PhD) Psychology (PhD)

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)
AIN	Wedicald	Z0000 - Encounter for general adult medical examination without abnormal	10100	Αμμιονεά	Addit Dev Day Tillt (ADDT)
AR	Medicaid	findings	92065	Approved	Optometry
AIX	Wiedicald	F819 - Developmental disorder of scholastic		Αρριονεά	Optometry
AR	Medicaid	skills, unspecified	97530	Approved	Early Int. Day Tmt (EIDT)
		F819 - Developmental disorder of scholastic			
AR	Medicaid	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
		F819 - Developmental disorder of scholastic			
AR	Medicaid	skills, unspecified F802 - Mixed receptive-expressive language	92507	Approved	Early Int. Day Tmt (EIDT)
AR	Medicaid	disorder	92507	Approved	Speech Language Pathologist
		F802 - Mixed receptive-expressive language			
AR	Medicaid	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
		M47897 - Other spondylosis, lumbosacral			
AR	Medicaid	region	64635	Approved	Ambulatory Surgical Center
		M47897 - Other spondylosis, lumbosacral			
AR	Medicaid	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)
		F82 - Specific developmental disorder of			
AR	Medicaid	motor function	92507	Approved	Dev Rehab Svs
		F82 - Specific developmental disorder of			
AR	Medicaid	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)
			112046		
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
			112046		
AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
45	8 A - 11 - 1 1	E74 Mandaget Statell Co. L. P.	112046	America and	Add to 0 - 7 - (1007)
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
4.5		F2404 Dismosting and I	110027		INTERNAL CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	HUU3/	Approved	INTENSIVE LEVEL PROVIDERS
4.5		E2404 Discoult 1.1.	00703		2 2
AR	Medicaid	F3481 - Disruptive mood dysregulation diso	90/92	Approved	Outpt Behav Hlth Agency
		F4324 - Adjustment disorder with	01/		0
AR	Medicaid	disturbance of conduct	OV	Approved	Outpt Behav Hlth Agency
ΛD	N / a al: ! - l	K219 - Gastro-esophageal reflux disease	/222F	Annayed	Amalandaham Commissi Contra
AR	Medicaid	without esophagitis	43235	Approved	Ambulatory Surgical Center
ΛD	Madiasid	K219 - Gastro-esophageal reflux disease	12220	Approved	Ambulaton Consider Contact
AR	Medicaid	without esophagitis	43239	Approved	Ambulatory Surgical Center
A D	KA - Jt - t I	K219 - Gastro-esophageal reflux disease	42250	A	And the Control of the Control
AR	Medicaid	without esophagitis	43250	Approved	Ambulatory Surgical Center
۸۵	Madiaria	K219 - Gastro-esophageal reflux disease	12251	Approved	Amelia de la constanta Constanta Constanta
AR	Medicaid	without esophagitis	43251	Approved	Ambulatory Surgical Center
I	Medicaid	K219 - Gastro-esophageal reflux disease	//27 EF	Approved	Ambulaton Comical Carter
ΛP	MEDICAIO	without esophagitis	43255	Approved	Ambulatory Surgical Center
AR AR		KO20 - Dental carios unaposition	ODVC	Annroyed	Ambulatory Surgical Contar
AR AR AR	Medicaid Medicaid	K029 - Dental caries, unspecified K029 - Dental caries, unspecified	OPAS 41899	Approved Approved	Ambulatory Surgical Center Ambulatory Surgical Center

.R	Medicaid	K029 - Dental caries, unspecified	00170	Approved	Ambulatory Surgical Center
R	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
R	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Supplier Prosthetic/Orthotic
		F431 - Post-traumatic stress disorder			
R	Medicaid	(PTSD) M533 - Sacrococcygeal disorders, not	H0037	Approved	INTENSIVE LEVEL PROVIDERS
.R	Medicaid	elsewhere classified	PAIN	Approved	Ambulatory Surgical Center
۱R	Medicaid	M533 - Sacrococcygeal disorders, not elsewhere classified	27096	Approved	Ambulatory Surgical Center
\R	Medicaid	F209 - Schizophrenia, unspecified	TCL2	Approved	Outpt Behav HIth Agency
		· · · · · ·			
		F4325 - Adjustment disorder with mixed			
.R	Medicaid	disturbance of emotions and conduct	BHAS	Approved	Outpt Behav Hith Agency
		F4325 - Adjustment disorder with mixed			
۸R	Medicaid	disturbance of emotions and conduct	BHAS	Approved	Outpt Behav Hlth Agency
\R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
		F312 - Bipolar disorder, current episode			
.R	Medicaid	manic severe with psychotic features	ARDS	Approved	Outpt Behav Hlth Agency
		F70 Unama (Station III at 1997)	112046		
R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	ACS W-Org Hlth Care Deliv Sys
.R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	Adult Dev Day Tmt (ADDT)
		F251 - Schizoaffective disorder, depressive			
۱R	Medicaid	type	ARDS	Approved	Outpt Behav Hith Agency
		F3164 - Bipolar disorder, current episode			
۸R	Medicaid	mixed, severe, with psychotic features	ARDS	Approved	Outpt Behav Hlth Agency
		F8082 - Social pragmatic communication			· · · · · · · · · · · · · · · · · · ·
\R	Medicaid	dis	92523	Approved	Physical Therapy & Rehab
۸R	Medicaid	F8082 - Social pragmatic communication dis	92507	Approved	Physical Therapy & Rehab
NIN .	Iviculcalu	R6250 - Unspecified lack of expected	32307	Арргочец	Filysical Metapy & Nellab
		normal physiological development in			
۸R	Medicaid	childhood	97162	Approved	Physical Therapy & Rehab
		R6250 - Unspecified lack of expected normal physiological development in			
۸R	Medicaid	childhood	97110	Approved	Physical Therapy & Rehab
	carcara	R6250 - Unspecified lack of expected			, ordan
		normal physiological development in			
AR .	Medicaid	childhood	PT	Approved	Physical Therapy & Rehab
۱R	Medicaid	F71 - Moderate intellectual disabilities	ST	Approved	Physical Therapy & Rehab
	Wicarcura	171 Moderate interlectual disabilities		пррготса	Thysical Merupy & Renub
۱R	Medicaid	F71 - Moderate intellectual disabilities	92507	Approved	Physical Therapy & Rehab
\R	Medicaid	G808 - Other cerebral palsy	97530	Approved	Physical Therapy & Rehab
ıR ıR	Medicaid	G808 - Other cerebral palsy G808 - Other cerebral palsy	OT 97530	Approved	Physical Therapy & Rehab
in	Medicaid	S7292XD - Unspecified fracture of left	31330	Approved	Physical Therapy & Rehab
		femur, subsequent encounter for closed			
AR .	Medicaid	fracture with routine healing	97161	Approved	Physical Therapy & Rehab
		S7292XD - Unspecified fracture of left			
۸R	Medicaid	femur, subsequent encounter for closed fracture with routine healing	97110	Approved	Physical Therapy & Rehab
		S7292XD - Unspecified fracture of left		1. 1	,5.55
		femur, subsequent encounter for closed			
\R	Medicaid	fracture with routine healing	97116	Approved	Physical Therapy & Rehab
		S7292XD - Unspecified fracture of left femur, subsequent encounter for closed			
ιR	Medicaid	fracture with routine healing	PT	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
.R	Medicaid	motor function	92507	Approved	Physical Therapy & Rehab
۱R	Medicaid	F82 - Specific developmental disorder of motor function	97530	Approved	Physical Therapy & Rehab
ur v	ivicultalu	F82 - Specific developmental disorder of	37330	дриочец	riiyaicai Hierapy & Kellab
۸R	Medicaid	motor function	92523	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
AR .	Medicaid	motor function	92610	Approved	Physical Therapy & Rehab

		F82 - Specific developmental disorder of			
₹	Medicaid	motor function	97167	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
R	Medicaid	motor function	92526	Approved	Physical Therapy & Rehab
		M25672 - Stiffness of left ankle, not			
R	Medicaid	elsewhere classified	97110	Approved	Physical Therapy & Rehab
R	Medicaid	R620 - Delayed milestone in childhood	97110	Approved	Physical Therapy & Rehab
R	Medicaid	R620 - Delayed milestone in childhood	PT	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language			
.R	Medicaid	disorder	OFVS	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language			
\R	Medicaid	disorder	OV	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language			
.R	Medicaid	disorder	92507	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language			
R	Medicaid	disorder	ST	Approved	Physical Therapy & Rehab
\R	Medicaid	M6281 - Muscle weakness (generalized)	97110	Approved	Physical Therapy & Rehab
ιR	Medicaid	M6281 - Muscle weakness (generalized)	97161	Approved	Physical Therapy & Rehab
.R	Medicaid	M6281 - Muscle weakness (generalized)	PT	Approved	Physical Therapy & Rehab
.R	Medicaid	M25552 - Pain in left hip	97010	Approved	Physical Therapy & Rehab
R	Medicaid	M25552 - Pain in left hip	97110	Approved	Physical Therapy & Rehab
R	Medicaid	M25552 - Pain in left hip	97140	Approved	Physical Therapy & Rehab
R	Medicaid	M25552 - Pain in left hip	97014	Approved	Physical Therapy & Rehab
R	Medicaid	M542 - Cervicalgia	97163	Approved	Physical Therapy & Rehab
R	Medicaid	M542 - Cervicalgia	97010	Approved	Physical Therapy & Rehab
.R	Medicaid	M542 - Cervicalgia	97032	Approved	Physical Therapy & Rehab
۱R	Medicaid	M542 - Cervicalgia	97110	Approved	Physical Therapy & Rehab
.R	Medicaid	M542 - Cervicalgia	97124	Approved	Physical Therapy & Rehab
.R	Medicaid	M542 - Cervicalgia	97035	Approved	Physical Therapy & Rehab
.R	Medicaid	R278 - Other lack of coordination	97110	Approved	Physical Therapy & Rehab
.R	Medicaid	R278 - Other lack of coordination	ОТ	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
ιR	Medicaid	motor function	97530	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
ιR	Medicaid	motor function	97530	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language		· ·	
٨R	Medicaid	disorder	92507	Approved	Physical Therapy & Rehab
١R	Medicaid	F800 - Phonological disorder	92507	Approved	Physical Therapy & Rehab
		F88 - Other disorders of psychological			, , ,
٨R	Medicaid	development	92507	Approved	Physical Therapy & Rehab
		F802 - Mixed receptive-expressive language			, , , ,
R	Medicaid	disorder	92507	Approved	Physical Therapy & Rehab
.R	Medicaid	R620 - Delayed milestone in childhood	97110	Approved	Physical Therapy & Rehab
R	Medicaid	R620 - Delayed milestone in childhood	PT	Approved	Physical Therapy & Rehab
.R	Medicaid	M25262 - Flail joint, left knee	97110	Approved	Physical Therapy & Rehab
.R	Medicaid	M25262 - Flail joint, left knee	PT	Approved	Physical Therapy & Rehab
	caroara	R2689 - Other abnormalities of gait and			, Josef Therapy & Nethab
.R	Medicaid	mobility	97530	Approved	Physical Therapy & Rehab
	carcara	R2689 - Other abnormalities of gait and	2.300		, sleat Therapy & Nethab
R	Medicaid	mobility	PT	Approved	Physical Therapy & Rehab
R	Medicaid	Q909 - Down syndrome, unspecified	92507	Approved	Physical Therapy & Rehab
R	Medicaid	M25512 - Pain in left shoulder	97110	Approved	Physical Therapy & Rehab
.R	Medicaid	Q909 - Down syndrome, unspecified	97530	Approved	Physical Therapy & Rehab Physical Therapy & Rehab
.R	Medicaid	Q909 - Down syndrome, unspecified	97530	Approved	Physical Therapy & Rehab Physical Therapy & Rehab
11	iviculcalu	R6250 - Unspecified lack of expected	31330	Αρριονέα	Thysical Hierapy & heriab
		normal physiological development in			
R	Medicaid	childhood	92507	Approved	Physical Therapy & Rehab
11	ivieuicalu	S143XXD - Injury of brachial plexus,	J2J01	Approved	rnysical merapy & Kenab
D	Modicaid		07110	Approved	Dhysical Thorany 9 Dobah
.R	Medicaid	subsequent encounter	97110	Approved	Physical Therapy & Rehab
D	N/1 a al: = = 1 -l	S143XXD - Injury of brachial plexus,	DT	Annenced	Dharaign Theorem C. Dallari
.R	Medicaid	subsequent encounter	PT	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of	07526		
\R	Medicaid	motor function	97530	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of	07=00		
٩R	Medicaid	motor function	97530	Approved	Physical Therapy & Rehab
		F82 - Specific developmental disorder of			
٩R	Medicaid	motor function	OT	Approved	Physical Therapy & Rehab
		F439 - Reaction to severe stress,			
		unspecified	80361	Approved	Laboratory
۸R	Medicaid	unspecified	00301	πρριονέα	Laboratory

AR	Medicaid	F419 - Anxiety disorder, unspecified	80361	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80363	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80363	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80365	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80365	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80356	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80356	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80354	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80354	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80346	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80346	Approved	Laboratory
		F439 - Reaction to severe stress,			
AR	Medicaid	unspecified	80353	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80353	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80325	Approved	Laboratory
		F439 - Reaction to severe stress,	00005		
AR	Medicaid	unspecified	80325	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80359	Approved	Laboratory
A.D.	NA - di	F439 - Reaction to severe stress,	00250	A	I all a contract
AR	Medicaid	unspecified	80359	Approved	Laboratory
A D	0.41: : -1	F439 - Reaction to severe stress,	00240	A	Laboratori
AR	Medicaid	unspecified	80348	Approved	Laboratory
AR	Medicaid	F419 - Anxiety disorder, unspecified	80348	Approved	Laboratory
A D	Madiaaid	F1220 - Cannabis dependence,	90361	Ammanad	Laharatan
AR	Medicaid	uncomplicated	80361	Approved	Laboratory
A D	Modicaid	F1220 - Cannabis dependence,	90262	Approved	Laboratory
AR	Medicaid	uncomplicated	80363	Approved	Laboratory
ΛD	Modicaid	F1220 - Cannabis dependence,	80365	Approved	Laboratory
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80305	Approved	Laboratory
AR	Medicaid	uncomplicated	80358	Approved	Laboratory
AK	Medicald	F1220 - Cannabis dependence,	00330	Approved	Laboratory
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
AN	Medicald	F1220 - Cannabis dependence,	60334	Approved	Laboratory
AR	Medicaid	uncomplicated	80346	Approved	Laboratory
AIN	Medicald	F1220 - Cannabis dependence,	80340	Арргочец	Laboratory
AR	Medicaid	uncomplicated	80353	Approved	Laboratory
7 (1)	TVICUICUIU	F1220 - Cannabis dependence,	00333	πρριονέα	Laboratory
AR	Medicaid	uncomplicated	80325	Approved	Laboratory
,t	Medicala	F1220 - Cannabis dependence,	00323	πρριστέα	Laboratory
AR	Medicaid	uncomplicated	80359	Approved	Laboratory
, t. t	Tricultura	F1220 - Cannabis dependence,		γιρριονέα	Laboratory
AR	Medicaid	uncomplicated	80348	Approved	Laboratory
,	Medicala	F1220 - Cannabis dependence,		7.661.01.00	Laboratory
AR	Medicaid	uncomplicated	80361	Approved	Laboratory
		F1220 - Cannabis dependence,	2.002	-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
AR	Medicaid	uncomplicated	80363	Approved	Laboratory
		F1220 - Cannabis dependence,		F F: 2 - 0 4	
AR	Medicaid	uncomplicated	80365	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated	80358	Approved	Laboratory
		F1220 - Cannabis dependence,		. 1	,
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
		F1220 - Cannabis dependence,	-	1-1 	. 20. 200. j
AR	Medicaid	uncomplicated	80346	Approved	Laboratory
		F1220 - Cannabis dependence,			,
AR	Medicaid	uncomplicated	80353	Approved	Laboratory
		F1220 - Cannabis dependence,			,
AR	Medicaid	uncomplicated	80325	Approved	Laboratory
		F1220 - Cannabis dependence,		.,	·
AR	Medicaid	uncomplicated	80359	Approved	Laboratory
		F1220 - Cannabis dependence,			·
AR	Medicaid	uncomplicated	80348	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated	80361	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated	80363	Approved	Laboratory

AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80365	Approved	Laboratory
		F1220 - Cannabis dependence,			·
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80358	Approved	Laboratory
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80346	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80353	Approved	Laboratory
AR	Medicaid	uncomplicated	80325	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80359	Approved	Laboratory
A.D.	Madiasid	F1220 - Cannabis dependence,	80348	Ammunund	Laboustoni
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80348	Approved	Laboratory
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80361	Approved	Laboratory
AR	Medicaid	uncomplicated	80363	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80365	Approved	Laboratory
AIX	Wiedicald	F1220 - Cannabis dependence,	80303	Approved	Laboratory
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80358	Approved	Laboratory
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80346	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80353	Approved	Laboratory
AR	Medicaid	uncomplicated	80325	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80359	Approved	Laboratory
A D	Medicaid	F1220 - Cannabis dependence, uncomplicated	80348	Approved	Laboratory
AR	ivieuicaiu	F1220 - Cannabis dependence,	80348	Approved	Laboratory
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80361	Approved	Laboratory
AR	Medicaid	uncomplicated	80363	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80365	Approved	Laboratory
		F1220 - Cannabis dependence,			·
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80358	Approved	Laboratory
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80346	Approved	Laboratory
		F1220 - Cannabis dependence,	90252		
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80353	Approved	Laboratory
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80325	Approved	Laboratory
AR	Medicaid	uncomplicated	80359	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80348	Approved	Laboratory
		F1220 - Cannabis dependence,			·
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80361	Approved	Laboratory
AR	Medicaid	uncomplicated	80363	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80365	Approved	Laboratory
		F1220 - Cannabis dependence,			,
AR	Medicaid	uncomplicated F1220 - Cannabis dependence,	80358	Approved	Laboratory
AR	Medicaid	uncomplicated	80354	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80346	Approved	Laboratory
AR	Medicaid	F1220 - Cannabis dependence, uncomplicated	80353	Approved	Laboratory
		F1220 - Cannabis dependence,			Laboratory
AR	Medicaid	uncomplicated	80325	Approved	Laboratory

		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated	80359	Approved	Laboratory
		F1220 - Cannabis dependence,			
AR	Medicaid	uncomplicated	80348	Approved	Laboratory
AR	Medicaid	G4089 - Other seizures	T1019	Approved	Personal Care
		M1380 - Other specified arthritis,			
AR	Medicaid	unspecified site	T1019	Approved	Personal Care
		R6250 - Unspecified lack of expected			
		normal physiological development in			
AR	Medicaid	childhood	T1019	Approved	Personal Care
AIN	ivieuicaiu	Cilianood	11019	Арргочеи	reisoliai Care
4.5	Na - di - did		T1010	A	David Control
AR	Medicaid	H548 - Legal blindness, as defined in USA	T1019	Approved	Personal Care
		F4312 - Post-traumatic stress disorder,			
AR	Medicaid	chronic	T1019	Approved	Personal Care
AR	Medicaid	F209 - Schizophrenia, unspecified	T1019	Approved	Personal Care
		Z980 - Intestinal bypass and anastomosis			
AR	Medicaid	status	T1019	Approved	Personal Care
		S14105 - Unspecified injury at C5 level of			
AR	Medicaid	cervical spinal cord	T1019	Approved	Personal Care
AR	Medicaid	R630 - Anorexia	T1019	Approved	Personal Care
		R6250 - Unspecified lack of expected			
		normal physiological development in			
AR	Medicaid	childhood	T1019	Approved	Personal Care
AR	Medicaid	E785 - Hyperlipidemia, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	T1019		Personal Care
AK	ivieuicaiu	·	11019	Approved	Personal Care
A D	, a i i	F909 - Attention-deficit hyperactivity	T1010	Δ	5
AR	Medicaid	disorder, unspecified type	T1019	Approved	Personal Care
		F909 - Attention-deficit hyperactivity			
AR	Medicaid	disorder, unspecified type	T1019	Approved	Personal Care
		Q935 - Other deletions of part of a			
AR	Medicaid	chromosome	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
		F902 - Attention-deficit hyperactivity			
AR	Medicaid	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	1639 - Cerebral infarction, unspecified	T1019	Approved	Personal Care
7 (1)	Wicalcala	1000 Cerebrai illiaretion, anspecinea	11015	прргочеа	i cisonal care
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019	Approved	Personal Care
AIN	ivieuicaiu	M5126 - Other intervertebral disc	11019	Арргочеи	reisoliai Care
۸۵	Madiaaid		T1010	Ammanad	Downey of Cove
AR	Medicaid	displacement, lumbar region	T1019	Approved	Personal Care
AR	Medicaid	M4806 - Spinal stenosis, lumbar region	T1019	Approved	Personal Care
		F4312 - Post-traumatic stress disorder,			
AR	Medicaid	chronic	T1019	Approved	Personal Care
		J449 - Chronic obstructive pulmonary			
AR	Medicaid	disease, unspecified	T1019	Approved	Personal Care
AR	Medicaid	F983 - Pica of infancy and childhood	T1019	Approved	Personal Care
		F900 - Attention-deficit hyperactivity			
AR	Medicaid	disorder, predominantly inattentive type	T1019	Approved	Personal Care
	25.70.10	.,	-	PP ****	. 5.55 34.3
AR	Medicaid	F79 - Unspecified intellectual disabilities	T1019	Approved	Personal Care
AR	Medicaid	M15 - Polyosteoarthritis	T1019	Approved	Personal Care
		·	T1019	· · ·	
AR	Medicaid	G894 - Chronic pain syndrome	11019	Approved	Personal Care
4.5		K5090 - Crohn's disease, unspecified,	T1010		
AR	Medicaid	without complications	T1019	Approved	Personal Care
		G43909 - Migraine, unspecified, not			
AR	Medicaid	intractable, without status migrainosus	T1019	Approved	Personal Care
		S062X9D - Diffuse traumatic brain injury			
		with loss of consciousness of unspecified			
AR	Medicaid	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
, ut	Arcaicala	2 Set of a medicellul disubilities	. 2015	Αγριονου	i Cisolial Cale
ΛD	Madias: 4	D4192 Altered mental status	T1010	Annroyad	Dorsonal Cara
AR	Medicaid	R4182 - Altered mental status, unspecified	T1019	Approved	Personal Care
AR	Medicaid	l10 - Essential (primary) hypertension	T1019	Approved	Personal Care

		1440 01 1 1 1 1			
		J449 - Chronic obstructive pulmonary			
AR	Medicaid	disease, unspecified	T1019	Approved	Personal Care
AR	Medicaid	1 1/1	T1019	Approved	Personal Care
		J449 - Chronic obstructive pulmonary			
AR	Medicaid	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		T1019	Approved	Personal Care
AR	Medicaid	F411 - Generalized anxiety disorder	T1019	Approved	Personal Care
7111	Wicarcara	1411 Generalized anxiety disorder	11013	пррготса	r croonar care
AR	Medicaid	F250 - Schizoaffective disorder, bipolar type	T1010	Approved	Personal Care
AK	ivieuicaiu	K551 - Chronic vascular disorders of	11019	Approved	Personal Care
4.5	N. A. a. alta antal		T1010	A	D
AR	Medicaid	intestine	T1019	Approved	Personal Care
AR	Medicaid	D869 - Sarcoidosis, unspecified	T1019	Approved	Personal Care
AR	Medicaid	1 // 1	T1019	Approved	Personal Care
		F82 - Specific developmental disorder of			
AR	Medicaid		T1019	Approved	Personal Care
		F909 - Attention-deficit hyperactivity			
AR	Medicaid	disorder, unspecified type	T1019	Approved	Personal Care
		F431 - Post-traumatic stress disorder			
AR	Medicaid	(PTSD)	T1019	Approved	Personal Care
		F324 - Major depressive disorder, single			
AR	Medicaid	episode, in partial remission	T1019	Approved	Personal Care
AR	Medicaid	_ · · · · · · · · · · · · · · · · · · ·	T1019	Approved	Personal Care
		M1991 - Primary osteoarthritis, unspecified			. crosmar cure
AR	Medicaid	site	T1019	Approved	Personal Care
AIX	Medicald	site	11013	Approved	i ersonal care
A D	N/lodinoid	NAACOO Crinal standais site unamosified	T1010	Ammanad	Daveanal Care
AR	Medicaid	, , ,	T1019	Approved	Personal Care
		F329 - Major depressive disorder, single			
AR	Medicaid	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
		G43909 - Migraine, unspecified, not			
AR	Medicaid	intractable, without status migrainosus	T1019	Approved	Personal Care
AR	Medicaid		T1019	Approved	Personal Care
		E119 - Type 2 diabetes mellitus without		pp. 0 : 0 :	1 5.551.5.
AR	Medicaid	**	T1019	Approved	Personal Care
AR	Medicaid	•	T1019	Approved	Personal Care
				• • • • • • • • • • • • • • • • • • • •	
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
		5245 Bir I II I			
		F315 - Bipolar disorder, current episode			
AR	Medicaid	, , , , , , , , , , , , , , , , , , , ,	T1019	Approved	Personal Care
AR	Medicaid	Q059 - Spina bifida, unspecified	T1019	Approved	Personal Care
		Z87828 - Personal history of other (healed)			
AR	Medicaid	physical injury and trauma	T1019	Approved	Personal Care
		F28 - Other psychotic disorder not due to a			
AR	Medicaid	substance or known physiological condition	T1019	Approved	Personal Care
		F331 - Major depressive disorder,			
AR	Medicaid	recurrent, moderate	T1019	Approved	Personal Care
AR	Medicaid	G809 - Cerebral palsy, unspecified	T1019	Approved	Personal Care
AIL	iviculcalu	5505 Cerebral paisy, unspecified	11013	Αμμι υνεα	r croundi Care
ΛD	Madia=:-	F71 - Moderate intellectual disabilities	T1019	Annroyad	Davianal Cara
AR	Medicaid			Approved	Personal Care
AR	Medicaid	,	T1019	Approved	Personal Care
		E1043 - Type 1 diabetes mellitus with			
AR	Medicaid	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	•	T1019	Approved	Personal Care
AR	Medicaid		T1019	Approved	Personal Care
	carcara	J449 - Chronic obstructive pulmonary		pp. 0.00	. croonar cure
AR	Medicaid	·	T1019	Approved	Personal Care
AIL	ivicultalu	מושפמשב, מוושףכנוווכט	11013	Approved	reisulidi Cale

AR	Medicaid	I10 - Essential (primary) hypertension	T1019	Approved	Personal Care
		Q040 - Congenital malformations of corpus			
AR	Medicaid	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
۸R	Medicaid	G809 - Cerebral palsy, unspecified	CSTS	Approved	W-Out of Home Respite
		G931 - Anoxic brain damage, not elsewhere			
AR	Medicaid	classified	T2025	Approved	W-Out of Home Respite
		G931 - Anoxic brain damage, not elsewhere		·	
٨R	Medicaid	classified	H2016	Approved	W-Out of Home Respite
AR	Medicaid	Q909 - Down syndrome, unspecified	S5165	Approved	W-Out of Home Respite
		R6250 - Unspecified lack of expected		, pp. e. e.	ar each memory and
		normal physiological development in			
٨R	Medicaid	childhood	H2016	Approved	W-Out of Home Respite
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		normal physiological development in			
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\R	Medicaid	childhood	T2025	Approved	W-Out of Home Respite
		R6250 - Unspecified lack of expected			
		normal physiological development in			
.R	Medicaid	childhood	H2016	Approved	W-Out of Home Respite
R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
R	Medicaid	G809 - Cerebral palsy, unspecified	CSTS	Approved	W-Out of Home Respite
۸R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
.R	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
	medicala	Shopeomed intellectual disabilities	. = 3 = 3	, ,pp, 0104	vi out of floring heapite
ιR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
AN .	Medicald	173 - Onspecified intellectual disabilities	112010	Арргочеи	W-Out of Home Respite
		COCOVOR DISC and an activity of the			
		S062X9D - Diffuse traumatic brain injury			
		with loss of consciousness of unspecified			
R	Medicaid	duration, subsequent encounter	CSTS	Approved	W-Out of Home Respite
		S062X9D - Diffuse traumatic brain injury			
		with loss of consciousness of unspecified			
ιR	Medicaid	duration, subsequent encounter	SLMN	Approved	W-Out of Home Respite
١R	Medicaid	G809 - Cerebral palsy, unspecified	T2020	Approved	W-Out of Home Respite
		1 77 1		- ' '	<u>'</u>
ιR	Medicaid	R4183 - Borderline intellectual functioning	H2016	Approved	W-Out of Home Respite
				- ipp-0300	cacec.mc.nosp.nc
٨R	Medicaid	R4183 - Borderline intellectual functioning	T2025	Approved	W-Out of Home Respite
AR	Medicaid	Q90 - Down syndrome	T2025	• • • • • • • • • • • • • • • • • • • •	W-Out of Home Respite
		·		Approved	·
.R	Medicaid	Q90 - Down syndrome	H2016	Approved	W-Out of Home Respite
\R	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	S5162	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	S5161	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	S5160	Approved	W-Out of Home Respite
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۱R	0.01" " -1		H2016		
	Medicaid	F79 - Unspecified intellectual disabilities	ПZОТО	Approved	W-Out of Home Resnite
	Medicaid	F79 - Unspecified intellectual disabilities	П2010	Approved	W-Out of Home Respite
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	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
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.R	Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy	T2025 T2025	Approved Approved	W-Out of Home Respite W-Out of Home Respite
R	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
.R .R	Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities	T2025 T2025 H2016	Approved Approved Approved	W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite
ir ir	Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder	T2025 T2025 H2016 H2016	Approved Approved Approved	W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite
R R R	Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities	T2025 T2025 H2016	Approved Approved Approved	W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite
R R R	Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder	T2025 T2025 H2016 H2016	Approved Approved Approved	W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite W-Out of Home Respite
AR AR AR	Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures	T2025 T2025 H2016 H2016 T2025	Approved Approved Approved Approved Approved	W-Out of Home Respite
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures	T2025 T2025 H2016 H2016 T2025	Approved Approved Approved Approved Approved	W-Out of Home Respite
IR IR IR IR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures	T2025 T2025 H2016 H2016 T2025 H2016	Approved Approved Approved Approved Approved Approved Approved	W-Out of Home Respite
.R .R .R .R .R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities	T2025 T2025 H2016 H2016 T2025 H2016 H2016	Approved Approved Approved Approved Approved Approved Approved Approved Approved	W-Out of Home Respite
.R .R .R .R .R	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities	T2025 T2025 H2016 H2016 T2025 H2016 H2016 T2025	Approved Approved Approved Approved Approved Approved Approved Approved Approved	W-Out of Home Respite
IR IR IR IR IR IR IR IR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities Q909 - Down syndrome, unspecified	T2025 T2025 H2016 H2016 T2025 H2016 T2025 H2016	Approved	W-Out of Home Respite
IR IR IR IR IR IR IR IR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	T2025 T2025 H2016 H2016 T2025 H2016 H2016 T2025	Approved Approved Approved Approved Approved Approved Approved Approved Approved	W-Out of Home Respite
R R R R R R	Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified Q158 - Other specified congenital	T2025 T2025 H2016 H2016 T2025 H2016 T2025 H2016 T2025 H2016 T2025	Approved	W-Out of Home Respite
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified	T2025 T2025 H2016 H2016 T2025 H2016 T2025 H2016	Approved	W-Out of Home Respite
AR AR AR AR AR AR AR AR AR	Medicaid	F79 - Unspecified intellectual disabilities G808 - Other cerebral palsy F79 - Unspecified intellectual disabilities F6381 - Intermittent explosive disorder G40 - Epilepsy and recurrent seizures G40 - Epilepsy and recurrent seizures F79 - Unspecified intellectual disabilities F79 - Unspecified intellectual disabilities Q909 - Down syndrome, unspecified Q909 - Down syndrome, unspecified Q158 - Other specified congenital	T2025 T2025 H2016 H2016 T2025 H2016 T2025 H2016 T2025 H2016 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
٩R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	G801 - Spastic diplegic cerebral palsy	H2016	Approved	W-Out of Home Respite
.R	Medicaid	G801 - Spastic diplegic cerebral palsy	H2016	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
ιR	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
.R	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
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١R	Medicaid	F71 - Moderate intellectual disabilities	T2025	Approved	W-Out of Home Respite
		G931 - Anoxic brain damage, not elsewhere		· ·	·
۱R	Medicaid	classified	H2016	Approved	W-Out of Home Respite
	N 4l: : -l	F70 Harmonifical intellegence disabilities	U2046	A service of	W. Out of Harra Passita
\R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
١R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
D	Madisaid	F71 - Moderate intellectual disabilities	112016	Approved	W. Out of Home Possite
.R	Medicaid	F71 - Moderate Intellectual disabilities	H2016	Approved	W-Out of Home Respite
۱R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
0	N 4l: : -l	F74 Madasaka isabella akual disabilikisa	U2046	A managed	W. Out of Harra Passita
.R	Medicaid	F71 - Moderate intellectual disabilities F849 - Pervasive developmental disorder,	H2016	Approved	W-Out of Home Respite
١R	Medicaid	unspecified	H2016	Approved	W-Out of Home Respite
	- IVICAIGAIA	S06890A - Other specified intracranial injury without loss of consciousness, initial		препочен	W Gut of Frome Respite
ιR	Medicaid	encounter	H2016	Approved	W. Out of Homo Posnita
	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
R		• • • • • • • • • • • • • • • • • • • •	H2016	Approved	W-Out of Home Respite
R	Medicaid Medicaid	G808 - Other cerebral palsy G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite W-Out of Home Respite
R				Approved	W-Out of Home Respite
R	Medicaid Medicaid	Q909 - Down syndrome, unspecified G801 - Spastic diplegic cerebral palsy	H2016 H2016	Approved	W-Out of Home Respite
.R	ivieuicaiu	Goot - Spastic diplegic cerebral palsy	П2010	Approved	w-out of nome respite
ιR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
. D	Modiacid	G40909 - Epilepsy, unspecified, not intractable, without status epilepticus	H2016	Ammunund	W. Out of Home Despite
R D	Medicaid Medicaid			Approved	W-Out of Home Respite
.R	iviedicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
.R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
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R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
R	Medicaid	Q909 - Down syndrome, unspecified	H2016	Approved	W-Out of Home Respite
R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
.R	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
۸R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Pesnite
NK .	ivieuicaiu		HZU10	Approved	W-Out of Home Respite
		G40319 - Generalized idiopathic epilepsy			
D	N / a =1: 1	and epileptic syndromes, intractable,	U201C	A 10 10 10 10 10 10 10 10 10 10 10 10 10	W 0.4 - (11 2 2
.R	Medicaid	without status epilepticus	H2016	Approved	W-Out of Home Respite
.R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
•					out of Home Respite
ιR	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
R	Medicaid	Q059 - Spina bifida, unspecified	H2016	Approved	W-Out of Home Respite
R	Medicaid	Q059 - Spina bifida, unspecified	T2025	Approved	W-Out of Home Respite
.R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
.R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
R	Medicaid	G809 - Cerebral palsy, unspecified	T2020	Approved	W-Out of Home Respite
۱R	Medicaid	F79 - Unspecified intellectual disabilities	T2025	Approved	W-Out of Home Respite
AR AR	Medicaid Medicaid	G809 - Cerebral palsy, unspecified Q909 - Down syndrome, unspecified	T2020 T2020	Approved Approved	W-Out of Home Respite W-Out of Home Respite

AR	Medicaid	Q909 - Down syndrome, unspecified	T2020	Approved	W-Out of Home Respite
ΛD	Madisaid	F71 - Moderate intellectual disabilities	T2025	Approved	W Out of Home Posnite
AR	Medicaid			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
١R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
١R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
٩R	Medicaid	G809 - Cerebral palsy, unspecified	H2016	Approved	W-Out of Home Respite
\R	Medicaid	G809 - Cerebral palsy, unspecified	T2025	Approved	W-Out of Home Respite
\1\	ivicuicaiu	G805 - Cerebrai paisy, unspecified	12023	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
ΑR	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
٩R	Medicaid	M2154 - Acquired clubfoot	H2016	Approved	W-Out of Home Respite
ΑR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
ΑR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
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AR	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
٩R	Medicaid	F71 - Moderate intellectual disabilities	H2016	Approved	W-Out of Home Respite
	TTCGTCGTG	171 Moderate Intellectual disabilities	112020	7.101.01.00	W Gat of Frome Respite
٩R	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
	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	·
AR				<u> </u>	W-Out of Home Respite
AR	Medicaid	F438 - Other reactions to severe stress	H2016	Approved	W-Out of Home Respite
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AR .	Medicaid	F79 - Unspecified intellectual disabilities	H2016	Approved	W-Out of Home Respite
١R	Medicaid	G808 - Other cerebral palsy	H2016	Approved	W-Out of Home Respite
٨R	Medicaid	F72 - Severe intellectual disabilities	H2016	Approved	W-Out of Home Respite
١R	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
		деле оринализа, инференци		7.66.00	п сасотнение неорие
\ D	Madisaid	E70 Unengeified intellectual disabilities	T2020	Approved	Durable Medical Equipment
AR .	Medicaid	F79 - Unspecified intellectual disabilities	T2028	Approved	Durable Medical Equipment
\R	Medicaid	F70 - Mild intellectual disabilities	T2028	Approved	Durable Medical Equipment
		J9610 - Chronic respiratory failure, unspecified whether with hypoxia or			
AR	Medicaid	hypercapnia	E1390	Approved	Durable Medical Equipment
	Medicala	J9610 - Chronic respiratory failure, unspecified whether with hypoxia or		, ipproved	Darable Medicar Equipment
ΑR	Medicaid	hypercapnia	E0430	Approved	Durable Medical Equipment
W.	ivicultalu	J9610 - Chronic respiratory failure,	LUTJU	Αμριονέα	Durable Medical Equipment
A D	N. A	unspecified whether with hypoxia or	E044E	A	
AR	Medicaid	J9610 - Chronic respiratory failure,	E0445	Approved	Durable Medical Equipment
		unspecified whether with hypoxia or			
AR	Medicaid	hypercapnia G4733 - Obstructive sleep apnea (adult)	E0600	Approved	Durable Medical Equipment
AR	Medicaid	(pediatric)	E0601	Approved	Durable Medical Equipment
AR	Medicaid	R3981 - Functional urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028		
AR	Medicaid	G4733 - Obstructive sleep apnea (adult) (pediatric)	E0601	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	F82 - Specific developmental disorder of motor function	E2387	Approved	Durable Medical Equipment
		F82 - Specific developmental disorder of			· ·
AR	Medicaid	motor function F82 - Specific developmental disorder of	E2381	Approved	Durable Medical Equipment
AR	Medicaid	motor function F82 - Specific developmental disorder of	E2383	Approved	Durable Medical Equipment
ΔR	Medicaid	motor function	E2373	Approved	Durable Medical Equipment

		FOO Crosifie developmental discurder of			
AR	Medicaid	F82 - Specific developmental disorder of motor function	E1028	Approved	Durable Medical Equipment
		F82 - Specific developmental disorder of			
AR	Medicaid	motor function	E2293	Approved	Durable Medical Equipment
ΛD	Modisaid	F82 - Specific developmental disorder of motor function	K0077	Approved	Durable Medical Equipment
AR	Medicaid	G4733 - Obstructive sleep apnea (adult)	KUU77	Approved	Durable Medical Equipment
AR	Medicaid	(pediatric)	E0601	Approved	Durable Medical Equipment
		G4733 - Obstructive sleep apnea (adult)		,,	· ·
AR	Medicaid	(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 AR	Medicaid Medicaid	G809 - Cerebral palsy, unspecified F70 - Mild intellectual disabilities	T4532 T2028	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AIL	Wicultaid	170 Will intellectual disabilities	12020	Αρριονοα	Durable Medical Equipment
AR	Medicaid	F71 - Moderate intellectual disabilities	T2028	Approved	Durable Medical Equipment
		P271 - Bronchopulmonary dysplasia			
AR	Medicaid	originating in the perinatal period	E1390	Approved	Durable Medical Equipment
4.5		P271 - Bronchopulmonary dysplasia	E0420	A	D. while Mar Paul English to word
AR AR	Medicaid Medicaid	originating in the perinatal period G809 - Cerebral palsy, unspecified	E0430 T2028	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AIX	Wiedicald	G803 - Cerebrai paisy, unspecified	12028	Αρριονέα	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
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AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0739	Approved	Durable Medical Equipment
	A A 10 1		04055		
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
		G121 - Other inherited spinal muscular		FF 2 22	The state of the s
AR	Medicaid	atrophy	E0483	Approved	Durable Medical Equipment
		G121 - Other inherited spinal muscular			
AR	Medicaid	atrophy	E0482	Approved	Durable Medical Equipment
AR	Medicaid	Q788 - Other specified osteochondrodysplasias	E2510	Approved	Durable Medical Equipment
AN	Medicalu	Q788 - Other specified	L2310	Арргочеа	Durable Medical Equipment
AR	Medicaid	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 AR	Medicaid Medicaid	Q780 - Osteogenesis imperfecta Q780 - Osteogenesis imperfecta	E0430 E0445	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	Q780 - Osteogenesis imperfecta	E0443	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
A.D.	N 4 o di o o i d	COOC Coastie suadrialasia soushus lustau	V0100	A manage and	Durable Medical Faurings out
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0108	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2231	Approved	Durable Medical Equipment
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		pp	2 a. aa.a mearaar 2 quipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E2213	Approved	Durable Medical Equipment
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	K0040	Approved	Durable Medical Equipment
	Medicald				
ΛD			E0072	Annroyad	Durable Medical Facilities
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0973	Approved	Durable Medical Equipment
AR AR			E0973 E0978	Approved Approved	Durable Medical Equipment Durable Medical Equipment
	Medicaid	G800 - Spastic quadriplegic cerebral palsy		· ·	
	Medicaid	G800 - Spastic quadriplegic cerebral palsy		· ·	
AR AR	Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy	E0978 E0950	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy	E0978	Approved	Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 E0950 E0971	Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy G800 - Spastic quadriplegic cerebral palsy	E0978 E0950	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 E0950 E0971	Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 E0950 E0971 E2622	Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 E0950 E0971 E2622	Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment Durable Medical Equipment
AR AR AR AR	Medicaid Medicaid Medicaid Medicaid Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0978 E0950 E0971 E2622 E2293	Approved Approved Approved Approved 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
4R	Medicaid	Q9351 - Angelman syndrome	E0990	Approved	Durable Medical Equipment
٩R	Medicaid	Q9351 - Angelman syndrome	E0950	Approved	Durable Medical Equipment
٩R	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		Durable Medical Equipment
		- · · · · · · · · · · · · · · · · · · ·		Approved	· · ·
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
4R	Medicaid	K5900 - Constipation, unspecified	T4532	Approved	Durable Medical Equipment
		G4733 - Obstructive sleep apnea (adult)			
٩R	Medicaid	(pediatric)	E0601	Approved	Durable Medical Equipment
		G4733 - Obstructive sleep apnea (adult)			
٩R	Medicaid	(pediatric)	E0562	Approved	Durable Medical Equipment
		G4733 - Obstructive sleep apnea (adult)			
٩R	Medicaid	(pediatric)	E1390	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of			
4R	Medicaid	musculoskeletal system, unspecified	K0108	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of		. ,44	Salasie medicai Equipment
ΑR	Medicaid	musculoskeletal system, unspecified	K0040	Approved	Durable Medical Equipment
AIN	ivieuicaiu	Q799 - Congenital malformation of	K0040	Approved	Durable Medical Equipment
A D	NA o di o o i d		E00E6	Amarayad	Durahla Madical Favinasant
AR	Medicaid	musculoskeletal system, unspecified	E0956	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of			
AR	Medicaid	musculoskeletal system, unspecified	E2292	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of			
٩R	Medicaid	musculoskeletal system, unspecified	E2291	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of			
AR	Medicaid	musculoskeletal system, unspecified	E0955	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of			
AR	Medicaid	musculoskeletal system, unspecified	E1028	Approved	Durable Medical Equipment
		Q799 - Congenital malformation of		· ·	
AR	Medicaid	musculoskeletal system, unspecified	K0105	Approved	Durable Medical Equipment
,	Wicarda	R6250 - Unspecified lack of expected		7.155.01.03	Barable Medical Equipment
		normal physiological development in			
AR	Medicaid	childhood	K0739	Approved	Durable Medical Equipment
AN	Medicald		KU739	Approved	Durable Medical Equipment
		R6250 - Unspecified lack of expected			
		normal physiological development in	E4200		5 11 44 11 15 1
AR	Medicaid	childhood	E1399	Approved	Durable Medical Equipment
		E1165 - Type 2 diabetes mellitus with			
AR	Medicaid	hyperglycemia	A4239	Approved	Durable Medical Equipment
		G319 - Degenerative disease of nervous			
AR	Medicaid	system, unspecified	T4532	Approved	Durable Medical Equipment
		E1065 - Type 1 diabetes mellitus with			
AR	Medicaid	hyperglycemia	A4239	Approved	Durable Medical Equipment
		E119 - Type 2 diabetes mellitus without			· ·
ΑR	Medicaid	complications	A4239	Approved	Durable Medical Equipment
		E1065 - Type 1 diabetes mellitus with	<u>-</u>	• •	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.
AR	Medicaid	hyperglycemia	A4239	Approved	Durable Medical Equipment
111	Wicalcalu	Z87820 - Personal history of traumatic	7.1233	πρριονέα	Darable Medical Equipment
ΛD	Madicaid	•	T2028	Approved	Durable Medical Facciones
AR	Medicaid	brain injury	12028	Approved	Durable Medical Equipment
A D	N.4 11 1	D22 Upono sifind a mineral in a service servic	T4525	American	Downlife March 15
AR	Medicaid	R32 - Unspecified urinary incontinence	T4535	Approved	Durable Medical Equipment
		E1065 - Type 1 diabetes mellitus with	A 4000		
ΑR	Medicaid	hyperglycemia	A4239	Approved	Durable Medical Equipment
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
٩R	Medicaid	findings	A4239	Approved	Durable Medical Equipment
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
AR	Medicaid	findings	E2103	Approved	Durable Medical Equipment
	2.1.4	<u> </u>			
	Madiaaid	R32 - Unspecified urinary incontinence	T4533	Approved	Durable Medical Equipment
4R	IVIEDICAID	z= cpccca armary mechanichec		pp. 0 7 Cu	Darable Wiedled Equipment
	Medicaid Medicaid	G801 - Spastic diplegic cerebral palsy	K0739	Annroved	Durable Medical Fauinment
AR	Medicaid	G801 - Spastic diplegic cerebral palsy	K0739	Approved	Durable Medical Equipment
AR AR AR AR		G801 - Spastic diplegic cerebral palsy G801 - Spastic diplegic cerebral palsy G809 - Cerebral palsy, unspecified	K0739 E1399 T2028	Approved Approved Approved	Durable Medical Equipment Durable Medical Equipment 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
		S06890A - Other specified intracranial			
A D	N 4 : : - l	injury without loss of consciousness, initial	V0720	Ammanad	Develop Madical Facilities
4R	Medicaid	encounter	K0739	Approved	Durable Medical Equipment
		S06890A - Other specified intracranial injury without loss of consciousness, initial			
AR	Medicaid	encounter	E0956	Approved	Durable Medical Equipment
-111	Wicalcala	S06890A - Other specified intracranial	20330	Αρριονέα	Burable Medical Equipment
		injury without loss of consciousness, initial			
AR	Medicaid	encounter	K0108	Approved	Durable Medical Equipment
4R	Medicaid	Q673 - Plagiocephaly	E1399	Approved	Durable Medical Equipment
٩R	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 AB	Medicaid	G809 - Cerebral palsy, unspecified	T4526	Approved	Durable Medical Equipment
4R	Medicaid	G809 - Cerebral palsy, unspecified J9610 - Chronic respiratory failure,	T2028	Approved	Durable Medical Equipment
		unspecified whether with hypoxia or			
AR	Medicaid	hypercapnia	E1390	Approved	Durable Medical Equipment
	Wicarcara	J9610 - Chronic respiratory failure,	21330	прриссе	Burdole Medical Equipment
		unspecified whether with hypoxia or			
AR	Medicaid	hypercapnia	E0431	Approved	Durable Medical Equipment
		J9610 - Chronic respiratory failure,			
		unspecified whether with hypoxia or			
AR	Medicaid	hypercapnia	E0445	Approved	Durable Medical Equipment
AR	Medicaid	G8250 - Quadriplegia, unspecified	K0739	Approved	Durable Medical Equipment
ΔR	Medicaid	G8250 - Quadriplegia, unspecified	K0108	Approved	Durable Medical Equipment
4R	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
		Q057 - Lumbar spina bifida without			
AR	Medicaid	hydrocephalus	K0077	Approved	Durable Medical Equipment
ΛD	Modicaid	Q057 - Lumbar spina bifida without	۷0720	Approved	Durable Medical Equipment
AR	Medicaid	hydrocephalus Q057 - Lumbar spina bifida without	K0739	Approved	Durable Medical Equipment
AR	Medicaid	hydrocephalus	E2206	Approved	Durable Medical Equipment
AIX	Wicalcala	Q057 - Lumbar spina bifida without	L2200	Αρριονέα	Darable Medical Equipment
AR	Medicaid	hydrocephalus	K0108	Approved	Durable Medical Equipment
		Q057 - Lumbar spina bifida without		, ipproved	- waste waste a quipment
AR	Medicaid	hydrocephalus	E2611	Approved	Durable Medical Equipment
		Q057 - Lumbar spina bifida without		· ·	
AR	Medicaid	hydrocephalus	K0040	Approved	Durable Medical Equipment
		Q057 - Lumbar spina bifida without			
AR	Medicaid	hydrocephalus	E2211	Approved	Durable Medical Equipment
		R6250 - Unspecified lack of expected			
		normal physiological development in			
AR	Medicaid	childhood	B9998	Approved	Durable Medical Equipment
		R6250 - Unspecified lack of expected			
		normal physiological development in			
4R	Medicaid	childhood	B4035	Approved	Durable Medical Equipment
		J9610 - Chronic respiratory failure,			
A D	NA a de le le l	unspecified whether with hypoxia or	F0402	A	o while to be a second
AR	Medicaid	hypercapnia	E0483	Approved	Durable Medical Equipment
AR AB	Medicaid	G8250 - Quadriplegia, unspecified	E1399	Approved	Durable Medical Equipment
AR AR	Medicaid	F842 - Rett's syndrome	E1031 E1399	Approved	Durable Medical Equipment
4R	Medicaid	F842 - Rett's syndrome	F1223	Approved	Durable Medical Equipment
ΑR	Medicaid	R32 - Unspecified urinary incontinence	A4554	Approved	Durable Medical Equipment
. 111	ivicuitalu	Onspecifica armary incommence	, , ₁ ,,,,,	πρριονου	Darable Medical Equipment
		R32 - Unspecified urinary incontinence	T4528	Approved	Durable Medical Equipment
AR	Medicaid	J J. J	525	7.5010104	Darable Medical Equipment
AR	Medicaid				
		R32 - Unspecified urinary incontinence	T4535	Approved	Durable Medical Fouinment
	Medicaid Medicaid	R32 - Unspecified urinary incontinence	T4535	Approved	Durable Medical Equipment
AR		R32 - Unspecified urinary incontinence F71 - Moderate intellectual disabilities	T4535	Approved Approved	Durable Medical Equipment Durable Medical Equipment
AR AR AR	Medicaid	· · · · · · · · · · · · · · · · · · ·		''	

AR	Medicaid	L0591 - Pilonidal cyst without abscess	A7000	Approved	Durable Medical Equipment
		Q057 - Lumbar spina bifida without			
AR	Medicaid	hydrocephalus	K0739	Approved	Durable Medical Equipment
		Q057 - Lumbar spina bifida without			
AR	Medicaid	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
• 5		E840 - Cystic fibrosis with pulmonary	50400		2 11 14 15 15 1
AR	Medicaid	manifestations	E0483	Approved	Durable Medical Equipment
ΛD	Madiaaid	E70 Unspecified intellectual disabilities	T2020	Approved	Durable Medical Fauinment
AR AR	Medicaid Medicaid	F79 - Unspecified intellectual disabilities G809 - Cerebral palsy, unspecified	T2028 T2028	Approved	Durable Medical Equipment Durable Medical Equipment
AK	ivieuicaiu	R6250 - Unspecified lack of expected	12026	Approved	Durable Medical Equipment
		normal physiological development in			
AR	Medicaid	childhood	T2028	Approved	Durable Medical Equipment
AR	Medicaid	Z931 - Gastrostomy status	E1036	Approved	Durable Medical Equipment
,	Medicara	F88 - Other disorders of psychological	21000	7.6610100	Darable Medical Equipment
AR	Medicaid	development	E0637	Approved	Durable Medical Equipment
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
		,		11	
AR	Medicaid	R32 - Unspecified urinary incontinence	T2028	Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
		R6250 - Unspecified lack of expected		· ·	
		normal physiological development in			
AR	Medicaid	childhood	B4160	Approved	Durable Medical Equipment
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
AR	Medicaid	findings	T4532	Approved	Durable Medical Equipment
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
AR	Medicaid	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
		Z0000 - Encounter for general adult			
4.5	N 4 11 1 - 1	medical examination without abnormal	D0000	A	Davids Madical Sections of
AR	Medicaid	findings	B9998	Approved	Durable Medical Equipment
AR AR	Medicaid Medicaid	G809 - Cerebral palsy, unspecified G809 - Cerebral palsy, unspecified	E8001 K0108	Approved	Durable Medical Equipment Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	K0108 K0739	Approved Approved	Durable Medical Equipment
AR	Medicaid	G809 - Cerebral palsy, unspecified	T2028	Approved	Durable Medical Equipment
AIX	Wicalcala	doos cerebrai paisy, unspecifica	12020	Αρριονέα	Darable Medical Equipment
AR	Medicaid	F79 - Unspecified intellectual disabilities	T2028	Approved	Durable Medical Equipment
		•		le le	дар
AR	Medicaid	R32 - Unspecified urinary incontinence	T4527	Approved	Durable Medical Equipment
				le le s s s	
AR	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E0482	Approved	Durable Medical Equipment
		J9601 - Acute respiratory failure with		· ·	·
AR	Medicaid	hypoxia	E1390	Approved	Durable Medical Equipment
		J9601 - Acute respiratory failure with			
AR	Medicaid	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
		Z0120 - Encounter for dental examination	05:-		
AR	Medicaid	and cleaning without abnormal findings	OPAS	Approved	Hospital/Acute Care
		70420 5			
4.5	n.a. 11	Z0120 - Encounter for dental examination	44000		
AR	Medicaid	and cleaning without abnormal findings	41899	Approved	Hospital/Acute Care
		70120 Encounter for doubtle control			
A D	N A o oli e o i el	Z0120 - Encounter for dental examination	00170	ا د درسمی	Hamilton's Committee Commi
AR	Medicaid	and cleaning without abnormal findings	00170	Approved	Hospital/Acute Care
ΛP	Medicaid	G800 - Spastic quadriplegic cerebral palsy	6/6/2	Annroyad	Hospital/Acute Care
AR	Medicaid	Good - Spastic quadriplegic cerebral palsy	64643	Approved	Hospital/Acute Care

.R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	64645	Approved	Hospital/Acute Care
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
.R	Medicaid	findings	41899	Approved	Hospital/Acute Care
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
١R	Medicaid	findings	00170	Approved	Hospital/Acute Care
		Z0000 - Encounter for general adult			
		medical examination without abnormal			
۸R	Medicaid	findings	41899	Approved	Hospital/Acute Care
		Z0000 - Encounter for general adult		•	, , , , , , , , , , , , , , , , , , ,
		medical examination without abnormal			
٨R	Medicaid	findings	00170	Approved	Hospital/Acute Care
	Wiediedia	125110 - Atherosclerotic heart disease of	00170	Дриотеа	Trospitaly reduce cure
		native coronary artery with unstable angina			
ιR	Medicaid	pectoris	93458	Approved	Hospital/Acute Care
ur.	ivieuicaiu	pectoris	33436	Арргочец	Hospital/Acute Care
. D	Madiaaid	NATAAA Lumbaga with sciatica right side	97110	Amaranad	Hagnital/Aguta Cara
\R	Medicaid	M5441 - Lumbago with sciatica, right side	9/110	Approved	Hospital/Acute Care
	B 4 - 11 - 1 1	NATAAA Isaacka ahaa ka k	07520	American d	11 11.1/4
.R	Medicaid	M5441 - Lumbago with sciatica, right side	97530	Approved	Hospital/Acute Care
\R	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
٨R	Medicaid	M5441 - Lumbago with sciatica, right side	97140	Approved	Hospital/Acute Care
		C183 - Malignant neoplasm of hepatic			
٨R	Medicaid	flexure	OPAS	Approved	Hospital/Acute Care
		C183 - Malignant neoplasm of hepatic		le le	
٨R	Medicaid	flexure	36561	Approved	Hospital/Acute Care
	Wicarcara	K439 - Ventral hernia without obstruction	30301	πρριονέα	1103pttaij/teate care
AR	Medicaid		OPAS	Approved	Hospital/Acute Care
NN .	ivieuicaiu	or gangrene K439 - Ventral hernia without obstruction	UPAS	Approved	nospital/Acute Care
			40504		
AR .	Medicaid	or gangrene	49591	Approved	Hospital/Acute Care
_		K439 - Ventral hernia without obstruction			
\R	Medicaid	or gangrene	49592	Approved	Hospital/Acute Care
		K439 - Ventral hernia without obstruction			
AR .	Medicaid	or gangrene	49593	Approved	Hospital/Acute Care
		K439 - Ventral hernia without obstruction			
٩R	Medicaid	or gangrene	49594	Approved	Hospital/Acute Care
		K439 - Ventral hernia without obstruction			
٩R	Medicaid	or gangrene	49595	Approved	Hospital/Acute Care
		K439 - Ventral hernia without obstruction			
١R	Medicaid	or gangrene	49596	Approved	Hospital/Acute Care
		H3540 - Unspecified peripheral retinal		7.pp.0100	Troopitally reduce call c
١R	Medicaid	degeneration	67145	Approved	Hospital/Acute Care
		M722 - Plantar fascial fibromatosis	28250	• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
AR D	Medicaid			Approved	Hospital/Acute Care
.R	Medicaid	K011 - Impacted teeth	41899	Approved	Hospital/Acute Care
·R	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
.R	Medicaid	R0683 - Snoring	OPAS	Approved	Hospital/Acute Care
		H6993 - Unspecified Eustachian tube			
\R	Medicaid	disorder, bilateral	69436	Approved	Hospital/Acute Care
		H6993 - Unspecified Eustachian tube			
۱R	Medicaid	disorder, bilateral	OPAS	Approved	Hospital/Acute Care
۱R	Medicaid	K819 - Cholecystitis, unspecified	47563	Approved	Hospital/Acute Care
					· · · · · · · · · · · · · · · · · · ·
٨R	Medicaid	H903 - Sensorineural hearing loss, bilateral	69930	Approved	Hospital/Acute Care
		23.2		F F	
۸R	Medicaid	H903 - Sensorineural hearing loss, bilateral	18614	Approved	Hospital/Acute Care
	TVICUICAIU		L0017	Αρριονου	Hospital/Acute care
D	Madiaaid	H903 - Sensorineural hearing loss, bilateral	OPAS	Approved	Hospital/Asuta Cara
.R	Medicaid		OPAS	Approved	Hospital/Acute Care
·R	Medicaid	D8689 - Sarcoidosis of other sites	OV	Approved	Hospital/Acute Care
.R	Medicaid	D8689 - Sarcoidosis of other sites	OFVS	Approved	Hospital/Acute Care
.R	Medicaid	N62 - Hypertrophy of breast	19318	Approved	Hospital/Acute Care
۱R	Medicaid	N62 - Hypertrophy of breast	OPAS	Approved	Hospital/Acute Care
		G4733 - Obstructive sleep apnea (adult)			
٩R	Medicaid	(pediatric)	95811	Approved	Hospital/Acute Care
		G4733 - Obstructive sleep apnea (adult)			, ,
AR	Medicaid	(pediatric)	95810	Approved	Hospital/Acute Care
***	ivicalcalu	M5126 - Other intervertebral disc	55510	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1103pitaly Acute Care
\ D	N 4 o di o ci d		DT	Approved	Hoomital/Assits Cours
٩R	Medicaid	displacement, lumbar region	PT	Approved	Hospital/Acute Care

		M5126 - Other intervertebral disc			
.R	Medicaid	displacement, lumbar region	97163	Approved	Hospital/Acute Care
		M5126 - Other intervertebral disc		I I I	
4R	Medicaid	displacement, lumbar region	97110	Approved	Hospital/Acute Care
		K828 - Other specified diseases of			· ·
٩R	Medicaid	gallbladder	47563	Approved	Hospital/Acute Care
		· ·		I I I	,
		K8020 - Calculus of gallbladder without			
٩R	Medicaid	cholecystitis without obstruction	OPAS	Approved	Hospital/Acute Care
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Wicarcara	enoiceystitis without obstruction	01713	Αρριονέα	Hospital/Acute care
		K8020 - Calculus of gallbladder without			
AR.	Medicaid	cholecystitis without obstruction	47563	Approved	Hospital/Acuto Caro
417	ivieuicaiu	cholecystitis without obstruction	47303	Approved	Hospital/Acute Care
		K0000 Calaulus of callbladdan with aut			
		K8020 - Calculus of gallbladder without	47560		
\R	Medicaid	cholecystitis without obstruction	47562	Approved	Hospital/Acute Care
AR	Medicaid	F5101 - Primary insomnia	95810	Approved	Hospital/Acute Care
۱R	Medicaid	F5101 - Primary insomnia	95811	Approved	Hospital/Acute Care
AR .	Medicaid	M5417 - Radiculopathy, lumbosacral region	EPI	Approved	Hospital/Acute Care
۸R	Medicaid	M5417 - Radiculopathy, lumbosacral region		Approved	Hospital/Acute Care
ιR	Medicaid	Q9351 - Angelman syndrome	64643	Approved	Hospital/Acute Care
۱R	Medicaid	Q9351 - Angelman syndrome	64645	Approved	Hospital/Acute Care
۱R	Medicaid	M5416 - Radiculopathy, lumbar region	62323	Approved	Hospital/Acute Care
		H6593 - Unspecified nonsuppurative otitis			
٨R	Medicaid	media, bilateral	69436	Approved	Hospital/Acute Care
۱R	Medicaid	M25552 - Pain in left hip	OPAS	Approved	Hospital/Acute Care
۱R	Medicaid	M25552 - Pain in left hip	29916	Approved	Hospital/Acute Care
···R	Medicaid	M25552 - Pain in left hip	29914	Approved	Hospital/Acute Care
\R	Medicaid	G4486 - Cervicogenic headache	20552	Approved	Hospital/Acute Care
۸R	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
\R	Medicaid	M25552 - Pain in left hip	OPAS	Approved	Hospital/Acute Care
AR	Medicaid	M25552 - Pain in left hip	29916		Hospital/Acute Care
		M25552 - Pain in left hip		Approved	Hospital/Acute Care
AR	Medicaid	·	29914	Approved	· · · · · · · · · · · · · · · · · · ·
\R	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
		F819 - Developmental disorder of scholastic			
٩R	Medicaid	skills, unspecified	81243	Approved	Hospital/Acute Care
		F819 - Developmental disorder of scholastic			
٩R	Medicaid	skills, unspecified	81425	Approved	Hospital/Acute Care
		F819 - Developmental disorder of scholastic			
٩R	Medicaid	skills, unspecified	81426	Approved	Hospital/Acute Care
		F819 - Developmental disorder of scholastic		· ·	<u> </u>
٩R	Medicaid	skills, unspecified	81479	Approved	Hospital/Acute Care
		F819 - Developmental disorder of scholastic		1-1	
٩R	Medicaid	skills, unspecified	81329	Approved	Hospital/Acute Care
uv	wiedicalu	sams, anspective	31323	Αρριονέα	1103pital/Acute Cale
AR	Medicaid	H902 - Conductive hearing loss, unspecified	V5040	Approved	Hospital/Acute Care
111	ivieuicalū	11302 - Conductive hearing loss, unspecified	v JU4U	Approved	nospital/Acute Care
D	NA - II	HOO2 Combination beauty 1	VE267	A	11
۸R	Medicaid	H902 - Conductive hearing loss, unspecified	V526/	Approved	Hospital/Acute Care
_					
۱R	Medicaid	Q825 - Congenital non-neoplastic nevus	OPAS	Approved	Hospital/Acute Care
١R	Medicaid	Q825 - Congenital non-neoplastic nevus	11404	Approved	Hospital/Acute Care
۸R	Medicaid	L0591 - Pilonidal cyst without abscess	OPAS	Approved	Hospital/Acute Care
۱R	Medicaid	L0591 - Pilonidal cyst without abscess	11772	Approved	Hospital/Acute Care
ιR	Medicaid	L0591 - Pilonidal cyst without abscess	17999	Approved	Hospital/Acute Care
		·			<u>.</u>
		G40A09 - Absence epileptic syndrome, not			
٨R	Medicaid	intractable, without status epilepticus	81229	Approved	Hospital/Acute Care
		, 200 000000000000000000000000000		1-1	
		G40A09 - Absence epileptic syndrome, not			
۱D	Medicaid	intractable, without status epilepticus	81419	Approved	Hasnital/Asuta Cara
AR	iviedicald		01413	Approved	Hospital/Acute Care
. D		H6993 - Unspecified Eustachian tube	ODAC		
\R	Medicaid	disorder, bilateral	OPAS	Approved	Hospital/Acute Care
		H6993 - Unspecified Eustachian tube			
AR .	Medicaid	disorder, bilateral	92502	Approved	Hospital/Acute Care
		H6993 - Unspecified Eustachian tube			

۸R	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	31622	Approved	Hospital/Acute Care
R	Medicaid	H6993 - Unspecified Eustachian tube disorder, bilateral	69436	Approved	Hospital/Acute Care
	Wicalcala	H6993 - Unspecified Eustachian tube	05430	Αρριονοα	Hospital/Acute care
R	Medicaid	disorder, bilateral	92652	Approved	Hospital/Acute Care
		H6993 - Unspecified Eustachian tube			
۱R	Medicaid	disorder, bilateral	92653	Approved	Hospital/Acute Care
		S728X1A - Other fracture of right femur,			
ΑR	Medicaid	initial encounter for closed fracture	PT	Approved	Hospital/Acute Care
	Tricalcala	militar choodings for closed mactare	<u> </u>	7,66,6164	Trospitaly route eare
		S728X1A - Other fracture of right femur,			
٩R	Medicaid	initial encounter for closed fracture	97161	Approved	Hospital/Acute Care
		CZ20V4A Other for the of the form			
AR	Medicaid	S728X1A - Other fracture of right femur, initial encounter for closed fracture	97110	Approved	Hospital/Acute Care
٠١١	ivieuicaiu	J0391 - Acute recurrent tonsillitis,	37110	Арргочец	Hospital/Acute Care
ΑR	Medicaid	unspecified	OPAS	Approved	Hospital/Acute Care
		J0391 - Acute recurrent tonsillitis,			
٩R	Medicaid	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
		H66006 - Acute suppurative otitis media without spontaneous rupture of ear drum,			
ΑR	Medicaid	recurrent, bilateral	69436	Approved	Hospital/Acute Care
		H66006 - Acute suppurative otitis media			, ,
		without spontaneous rupture of ear drum,			
AR	Medicaid	recurrent, bilateral	42830	Approved	Hospital/Acute Care
4R	Medicaid	G808 - Other cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64645	Approved	Hospital/Acute Care
AR AR	Medicaid	R079 - Chest pain, unspecified	OPAS	Approved	Hospital/Acute Care
AR AR	Medicaid Medicaid	R079 - Chest pain, unspecified R079 - Chest pain, unspecified	93458 93571	Approved Approved	Hospital/Acute Care Hospital/Acute Care
AR	Medicaid	R079 - Chest pain, unspecified	93567	Approved	Hospital/Acute Care
٩R	Medicaid	R079 - Chest pain, unspecified	92978	Approved	Hospital/Acute Care
٩R	Medicaid	R079 - Chest pain, unspecified	92920	Approved	Hospital/Acute Care
٩R	Medicaid	R079 - Chest pain, unspecified	92921	Approved	Hospital/Acute Care
٩R	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 T829XXA - Unspecified complication of	92934	Approved	Hospital/Acute Care
		cardiac and vascular prosthetic device,			
AR	Medicaid	implant and graft, initial encounter	OPAS	Approved	Hospital/Acute Care
		T829XXA - Unspecified complication of			,
		cardiac and vascular prosthetic device,			
٩R	Medicaid	implant and graft, initial encounter	36590	Approved	Hospital/Acute Care
		H7291 - Unspecified perforation of			
4R	Medicaid	tympanic membrane, right ear	OPAS	Approved	Hospital/Acute Care
ΔR	Medicaid	H7291 - Unspecified perforation of tympanic membrane, right ear	69631	Approved	Hospital/Acute Care
	TTTCGTCGTG	H7291 - Unspecified perforation of	55551	, .pp. 0104	Hospital/House Care
AR	Medicaid	tympanic membrane, right ear	21235	Approved	Hospital/Acute Care
٩R	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
٩R	Medicaid	G808 - Other cerebral palsy	64643	Approved	Hospital/Acute Care
AR	Medicaid	G808 - Other cerebral palsy	64645	Approved	Hospital/Acute Care
AR AB	Medicaid	G808 - Other cerebral palsy	OPAS	Approved	Hospital/Acute Care
AR AR	Medicaid Medicaid	L0591 - Pilonidal cyst without abscess L0591 - Pilonidal cyst without abscess	11771 OPAS	Approved Approved	Hospital/Acute Care Hospital/Acute Care
111	IVICUICAIU	20002 - Horndar Cyst Without abscess	0.7.0	Αρριονεα	riospital/Acute Care
		Z0120 - Encounter for dental examination			
٩R	Medicaid	and cleaning without abnormal findings	41899	Approved	Hospital/Acute Care
		T2035XS - Burn of third degree of scalp			
AR .	Medicaid	[any part], sequela	OPAS	Approved	Hospital/Acute Care
N D	N A = -1! - !	T2035XS - Burn of third degree of scalp	17100	ا - د د د د د د د د د د د د د د د د د د	11-2-2-1/4 - 1- 0
AR	Medicaid	[any part], sequela T2035XS - Burn of third degree of scalp	17106	Approved	Hospital/Acute Care
ΔR	Medicaid	[any part], sequela	17107	Approved	Hospital/Acute Care
	Micalculu	T2035XS - Burn of third degree of scalp	,	, ,pp10104	1105pitaly/toute care
ΔR	Medicaid	[any part], sequela	17108	Approved	Hospital/Acute Care
	0.411 1-1	Q9381 - Velo-cardio-facial syndrome	81408	Approved	Hannital/Anuta Cana
AR	Medicaid	Q9381 - Velo-cardio-facial syndrome	01400	Approved	Hospital/Acute Care Hospital/Acute Care

		H6521 - Chronic serous otitis media, right			
₹	Medicaid	ear	69436	Approved	Hospital/Acute Care
_		H6521 - Chronic serous otitis media, right			
R	Medicaid	ear	42830	Approved	Hospital/Acute Care
	N 4 - 11 - 1 - 1	J353 - Hypertrophy of tonsils with	ODAC	A	11
₹	Medicaid	hypertrophy of adenoids	OPAS	Approved	Hospital/Acute Care
	Madiaaid	J353 - Hypertrophy of tonsils with	42820	Annroyad	Hasnital/Asuta Cara
<u> </u>	Medicaid	hypertrophy of adenoids J0301 - Acute recurrent streptococcal	42820	Approved	Hospital/Acute Care
	Medicaid	tonsillitis	42825	Approved	Hospital/Acute Care
\ }	Medicaid	R0683 - Snoring	42820	Approved	Hospital/Acute Care
	Wicalcala	S32022S - Unstable burst fracture of	42020	Αρριονοα	Hospitaly Acute Care
₹	Medicaid	second lumbar vertebra, sequela	95938	Approved	Hospital/Acute Care
	Wicarcara	S32022S - Unstable burst fracture of	33333	пррготеа	nospital, neate eare
₹	Medicaid	second lumbar vertebra, sequela	95870	Approved	Hospital/Acute Care
		S32022S - Unstable burst fracture of		''	1 ,
	Medicaid	second lumbar vertebra, sequela	95861	Approved	Hospital/Acute Care
		S32022S - Unstable burst fracture of			
	Medicaid	second lumbar vertebra, sequela	95885	Approved	Hospital/Acute Care
		S32022S - Unstable burst fracture of			
	Medicaid	second lumbar vertebra, sequela	95886	Approved	Hospital/Acute Care
		S32022S - Unstable burst fracture of			
	Medicaid	second lumbar vertebra, sequela	95913	Approved	Hospital/Acute Care
	Medicaid	G4730 - Sleep apnea, unspecified	95811	Approved	Hospital/Acute Care
	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
	Medicaid	G243 - Spasmodic torticollis	64616	Approved	Hospital/Acute Care
		N920 - Excessive and frequent			
	Medicaid	menstruation with regular cycle	OPAS	Approved	Hospital/Acute Care
	N 4 11 1 - 1	N920 - Excessive and frequent	50574	A	Harrital/As to Cons
}	Medicaid	menstruation with regular cycle	58571	Approved	Hospital/Acute Care
		MAROEL Spinal stanceig lumber region			
₹	Medicaid	M48061 - Spinal stenosis, lumbar region without neurogenic claudication	63030	Annroyad	Hospital/Acute Care
	ivieuicalu	D485 - Neoplasm of uncertain behavior of	03030	Approved	nospital/Acute Care
	Medicaid	skin	OPAS	Approved	Hospital/Acute Care
•	Medicald	D485 - Neoplasm of uncertain behavior of	0173	Арргочец	Hospital/Acute care
	Medicaid	skin	11400	Approved	Hospital/Acute Care
-	Medicara	D485 - Neoplasm of uncertain behavior of	11.00	7,0010100	riospitaly/riodice edite
}	Medicaid	skin	42821	Approved	Hospital/Acute Care
		H6690 - Otitis media, unspecified,			, , ====
1	Medicaid	unspecified ear	OPAS	Approved	Hospital/Acute Care
		H6690 - Otitis media, unspecified,			
1	Medicaid	unspecified ear	69436	Approved	Hospital/Acute Care
		M5137 - Other intervertebral disc			
ł	Medicaid	degeneration, lumbosacral region	97161	Approved	Hospital/Acute Care
		M5137 - Other intervertebral disc			
	Medicaid	degeneration, lumbosacral region	97110	Approved	Hospital/Acute Care
l	Medicaid	G4730 - Sleep apnea, unspecified	95811	Approved	Hospital/Acute Care
	Medicaid	G4730 - Sleep apnea, unspecified	95810	Approved	Hospital/Acute Care
l	Medicaid	G802 - Spastic hemiplegic cerebral palsy	OPAS	Approved	Hospital/Acute Care
₹	Medicaid	G802 - Spastic hemiplegic cerebral palsy	64643	Approved	Hospital/Acute Care
₹	Medicaid	G802 - Spastic hemiplegic cerebral palsy	64645	Approved	Hospital/Acute Care
		J353 - Hypertrophy of tonsils with			
	Medicaid	hypertrophy of adenoids	OPAS	Approved	Hospital/Acute Care
		J353 - Hypertrophy of tonsils with	40000		
	Medicaid	hypertrophy of adenoids	42820	Approved	Hospital/Acute Care
	Medicaid	G801 - Spastic diplegic cerebral palsy	OPAS CACAS	Approved	Hospital/Acute Care
	Medicaid	G801 - Spastic diplegic cerebral palsy	64643	Approved	Hospital/Acute Care
	Medicaid	G801 - Spastic diplegic cerebral palsy	64645	Approved	Hospital/Acute Care
	Medicaid	J3501 - Chronic tonsillitis	OPAS	Approved	Hospital/Acute Care
₹	Medicaid	J3501 - Chronic tonsillitis	42820	Approved	Hospital/Acute Care
		6700000 11 15 15 15			
		S72302D - Unspecified fracture of shaft of			
		1 C. C			
₹	Medicaid	left femur, subsequent encounter for closed fracture with routine healing	20680	Approved	Hospital/Acute Care

		S76311A - Strain of muscle, fascia and				
		tendon of the posterior muscle group at				
AR	Medicaid	thigh level, right thigh, initial encounter	97161	Approved		Hospital/Acute Care
						, ,
		S76311A - Strain of muscle, fascia and				
		tendon of the posterior muscle group at				
AR	Medicaid	thigh level, right thigh, initial encounter	97164	Approved		Hospital/Acute Care
		, g , g ,				•
		S76311A - Strain of muscle, fascia and				
		tendon of the posterior muscle group at				
AR	Medicaid	thigh level, right thigh, initial encounter	97110	Approved		Hospital/Acute Care
				7.66.000		
		K8020 - Calculus of gallbladder without				
AR	Medicaid	cholecystitis without obstruction	OPAS	Approved		Hospital/Acute Care
		K8020 - Calculus of gallbladder without				
AR	Medicaid	cholecystitis without obstruction	47562	Approved		Hospital/Acute Care
		H66006 - Acute suppurative otitis media				
		without spontaneous rupture of ear drum,				
AR	Medicaid	recurrent, bilateral	69436	Approved		Hospital/Acute Care
	Wicaicaia	H66006 - Acute suppurative otitis media	03430	Approved		1103pital/Neute eare
		without spontaneous rupture of ear drum,				
ΔR	Medicaid	recurrent, bilateral	42830	Approved		Hospital/Acute Care
717	ivicultalu	·	1 203U	Approved		Hospital/Acute Cale
		H66006 - Acute suppurative of the drum				
\ D	N 4 o el : ! . l	without spontaneous rupture of ear drum,	ODAC	Annes		Hospital/Asuta Cara
AR	Medicaid	recurrent, bilateral	OPAS 02614	Approved		Hospital/Acute Care
AR	Medicaid	R1310 - Dysphagia, unspecified	92611	Approved		Hospital/Acute Care
AR	Medicaid	R1310 - Dysphagia, unspecified	92526	Approved		Hospital/Acute Care
		N939 - Abnormal uterine and vaginal				
ΔR	Medicaid	bleeding, unspecified	58558	Approved		Hospital/Acute Care
		J353 - Hypertrophy of tonsils with				
4R	Medicaid	hypertrophy of adenoids	42820	Approved		Hospital/Acute Care
		K8020 - Calculus of gallbladder without				
AR	Medicaid	cholecystitis without obstruction	OPAS	Approved		Hospital/Acute Care
		K8020 - Calculus of gallbladder without				
AR	Medicaid	cholecystitis without obstruction	47562	Approved		Hospital/Acute Care
		K8020 - Calculus of gallbladder without				
AR	Medicaid	cholecystitis without obstruction	47563	Approved		Hospital/Acute Care
AR	Medicaid	H0011 - Chalazion right upper eyelid	67808	Approved		Hospital/Acute Care
4R	Medicaid	K029 - Dental caries, unspecified	41899	Approved		Hospital/Acute Care
		T7402XS - Child neglect or abandonment,				
4R	Medicaid	confirmed, sequela	41899	Approved		Hospital/Acute Care
		T7402XS - Child neglect or abandonment,				
٩R	Medicaid	confirmed, sequela	00170	Approved		Hospital/Acute Care
		T7402XS - Child neglect or abandonment,				
AR	Medicaid	confirmed, sequela	92652	Approved		Hospital/Acute Care
		H66006 - Acute suppurative otitis media		.,		, ,
		without spontaneous rupture of ear drum,				
AR	Medicaid	recurrent, bilateral	OPAS	Approved		Hospital/Acute Care
	caicaia	H66006 - Acute suppurative otitis media	55	pp. 0 v Cu		
		without spontaneous rupture of ear drum,				
ΑR	Medicaid	recurrent, bilateral	69436	Approved		Hospital/Acute Care
VI V	iviculcalu	Z0000 - Encounter for general adult	03730	Approved		Hospital/ Acute Cale
		medical examination without abnormal				
۱D	Modiania		ODAS	Donical	Modical Naccosity Nat Fatalillar d	Hospital/Critical Acces
AR AB	Medicaid	findings	OPAS	Denied	Medical Necessity Not Established	Hospital/Critical Access
AR .	Medicaid	F840 - Autistic disorder	97155	Denied	Medical Necessity Not Established	Physical Therapy & Rehab
A D	N 4 - 11 - 11	FOO Major dominate at the second	T1010	D	Manding Missississis Artists 1	Damas J.C.
ΔR	Medicaid	F33 - Major depressive disorder, recurrent	11019	Denied	Medical Necessity Not Established	Personal Care
		R48 - Dyslexia and other symbolic	- 10/-			
		dysfunctions, not elsewhere classified	T1019	Denied	Medical Necessity Not Established	Personal Care
	Medicaid	F840 - Autistic disorder	97153	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
	Medicaid			Danied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR	Medicaid Medicaid	F840 - Autistic disorder	97155	Denied	·	•
AR AR	Medicaid		97155 97155	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR AR AR	Medicaid Medicaid	F840 - Autistic disorder			·	·
AR AR AR AR	Medicaid Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder	97155	Denied	Medical Necessity Not Established	Licensed Behavioral Analyst
AR AR AR AR AR AR AR	Medicaid Medicaid Medicaid Medicaid	F840 - Autistic disorder F840 - Autistic disorder R454 - Irritability and anger	97155 T1019	Denied Denied	Medical Necessity Not Established Medical Necessity Not Established	Licensed Behavioral Analyst Personal Care

		F902 - Attention-deficit hyperactivity				
ιR	Medicaid	disorder, combined type	T1019	Denied	Medical Necessity Not Established	Personal Care
١R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
		P271 - Bronchopulmonary dysplasia				
\R	Medicaid	originating in the perinatal period	E1390	Denied	Medical Necessity Not Established	Durable Medical Equipment
		P271 - Bronchopulmonary dysplasia				
\R	Medicaid	originating in the perinatal period	E0430	Denied	Medical Necessity Not Established	Durable Medical Equipment
		R6250 - Unspecified lack of expected				
		normal physiological development in				
AR .	Medicaid	childhood	92507	Denied	Exceeds Notification Limits	Speech Language Pathologist
		R6250 - Unspecified lack of expected				
_		normal physiological development in				
AR .	Medicaid	childhood	ST	Denied	Exceeds Notification Limits	Speech Language Pathologist
_		F902 - Attention-deficit hyperactivity				
·R	Medicaid	disorder, combined type	T1019	Denied	Unknown	Personal Care
.R	Medicaid	F840 - Autistic disorder	T1019	Denied	Unknown	Personal Care
		FOOO Attaction deficit homeometicity				
	N 4 - al: - a : al	F900 - Attention-deficit hyperactivity	T1010	Daniad	Nandinal Nanansita Nat Catablish ad	Davis and Care
·R	Medicaid	disorder, predominantly inattentive type	T1019	Denied	Medical Necessity Not Established	Personal Care
.R	Medicaid	F913 - Oppositional defiant disorder	T1019	Denied	Medical Necessity Not Established	Personal Care
D	Modissis	E1120 - Opioid dependence unas-reliented	C0490	Doniad	Not a Covered Benefit	Multi Specialty Crave
۸R	Medicaid	F1120 - Opioid dependence, uncomplicated	JU48U	Denied	Not a Covered Benefit	Multi-Specialty Group
۸R	Medicaid	E1120 - Onioid donondones uncomplicated	G0491	Donica	Not a Covered Benefit	Multi-Specialty Group
ın	ivieuicala	F1120 - Opioid dependence, uncomplicated	JU401	Denied	NOT a COVERED BEHEIR	Multi-Specialty Group
D	Madiasid	E1120 - Onioid dependence uncomplicated	G0492	Donical	Not a Covered Penefit	Multi Specialty Crays
\R	Medicaid	F1120 - Opioid dependence, uncomplicated	JU40Z	Denied	Not a Covered Benefit	Multi-Specialty Group
۸R	Medicaid	F1120 - Opioid dependence, uncomplicated	GU183	Denied	Not a Covered Benefit	Multi-Specialty Group
VI V	ivicuitalu	Z022 - Encounter for examination for	JU 1 03	Demed	NOT a COVELEU DELICIT	widin-specially Gloup
۸R	Medicaid	admission to residential institution	80363	Denied	Medical Necessity Not Established	Laboratory
NN .	Medicald	Z022 - Encounter for examination for	00303	Deffied	Medical Necessity Not Established	Laboratory
۱R	Medicaid	admission to residential institution	80365	Denied	Medical Necessity Not Established	Laboratory
VIX.	ivieuicaiu	Z022 - Encounter for examination for	80303	Deffied	Medical Necessity Not Established	Laboratory
۸R	Medicaid	admission to residential institution	80358	Denied	Medical Necessity Not Established	Laboratory
XIX	Miculculu	Z022 - Encounter for examination for	00330	Demea	Wicalcal Necessity Not Established	Laboratory
۸R	Medicaid	admission to residential institution	80354	Denied	Medical Necessity Not Established	Laboratory
	ivicalcala	Z022 - Encounter for examination for	00331	Demed	Wedled Necessity Not Established	Luboratory
۸R	Medicaid	admission to residential institution	80346	Denied	Medical Necessity Not Established	Laboratory
	ivicalcala	Z022 - Encounter for examination for	00340	Demed	Wiediedi Weeessity Wot Established	Luboratory
٨R	Medicaid	admission to residential institution	80353	Denied	Medical Necessity Not Established	Laboratory
u v	ivicalcala	Z022 - Encounter for examination for	00333	Demed	Wedled Necessity Not Established	Luboratory
٨R	Medicaid	admission to residential institution	80325	Denied	Medical Necessity Not Established	Laboratory
	medicald	Z022 - Encounter for examination for		Berneu	medical recessity froe Established	Laboratory
٨R	Medicaid	admission to residential institution	80359	Denied	Medical Necessity Not Established	Laboratory
		Z022 - Encounter for examination for				
۸R	Medicaid	admission to residential institution	80348	Denied	Medical Necessity Not Established	Laboratory
.R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Licensed Behavioral Analyst
.R	Medicaid	F70 - Mild intellectual disabilities	S5165	Denied	Medical Necessity Not Established	Base Level Providers
.R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Physical Therapy & Rehab
.R	Medicaid	F840 - Autistic disorder	97156	Denied	Unknown	Physical Therapy & Rehab
.R	Medicaid	R620 - Delayed milestone in childhood	97110	Denied	Administrative Denial	Hospital/Acute Care
.R	Medicaid	R620 - Delayed milestone in childhood	97110	Denied	Administrative Denial	Hospital/Acute Care
.R	Medicaid	R620 - Delayed milestone in childhood	T1015	Denied	Administrative Denial	Hospital/Acute Care
.R	Medicaid	G800 - Spastic quadriplegic cerebral palsy	E1399	Denied	Medical Necessity Not Established	Durable Medical Equipment
ιR	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
.R	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Licensed Behavioral Analyst
		M9905 - Segmental and somatic				
١R	Medicaid	dysfunction of pelvic region	98940	Denied	Medical Necessity Not Established	Chiropractor
		M9905 - Segmental and somatic				
.R	Medicaid	dysfunction of pelvic region	98941	Denied	Medical Necessity Not Established	Chiropractor
		M9905 - Segmental and somatic				
۸R	Medicaid	dysfunction of pelvic region	98942	Denied	Medical Necessity Not Established	Chiropractor
۱R	Medicaid	F72 - Severe intellectual disabilities	SUSS	Denied	Medical Necessity Not Established	W-Out of Home Respite
ιR	Medicaid	F840 - Autistic disorder	SUSS	Denied	Unknown	W-Out of Home Respite
۸R	Medicaid	F840 - Autistic disorder	97153	Denied	Unknown	Multi-Specialty Group
۸R	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Multi-Specialty Group
		F840 - Autistic disorder	97151	Denied	Unknown	Licensed Behavioral Analyst
٩R	Medicaid	i o i o i i i i i i i i i i i i i i i i		Deinea		

AR	Medicaid	F840 - Autistic disorder	97155	Denied	Unknown	Physical Therapy & Rehab
AN	ivieuicalu	F909 - Attention-deficit hyperactivity	3/133	Deffied	OHRHOWH	rilysical filerapy & netiab
A D	0.41: : -1	• • • • • • • • • • • • • • • • • • • •	T1010	Daniad	Nandiani Nanansita Nat Fatabiliahan	Damas al Cana
AR	Medicaid	disorder, unspecified type	T1019	Denied	Medical Necessity Not Established	Personal Care
4.5		F909 - Attention-deficit hyperactivity	T4040	5		
AR	Medicaid	disorder, unspecified type	T1019	Denied	Medical Necessity Not Established	Personal Care
		A47046 6 11 1 11 1 1 1 1 1 1				
4.5		M47816 - Spondylosis without myelopathy	0046			
AR	Medicaid	or radiculopathy, lumbar region	OPAS	Denied	Medical Necessity Not Established	Ambulatory Surgical Center
		M47816 - Spondylosis without myelopathy				
AR	Medicaid	or radiculopathy, lumbar region	64463	Denied	Medical Necessity Not Established	Ambulatory Surgical Center
		M47816 - Spondylosis without myelopathy				
AR	Medicaid	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
		Q052 - Lumbar spina bifida with				
AR	Medicaid	hydrocephalus	S9123	Denied	Medical Necessity Not Established	Home Health Agency
		Q052 - Lumbar spina bifida with				
AR	Medicaid	hydrocephalus	S9124	Denied	Medical Necessity Not Established	Home Health Agency
		F802 - Mixed receptive-expressive language	2			
AR	Medicaid	disorder	E1399	Denied	Medical Necessity Not Established	Speech Language Pathologist
		G40909 - Epilepsy, unspecified, not				
AR	Medicaid	intractable, without status epilepticus	S9123	Denied	Medical Necessity Not Established	Home Health Agency
		G40909 - Epilepsy, unspecified, not				
AR	Medicaid	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
		R48 - Dyslexia and other symbolic			·	
AR	Medicaid	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
I		3 11 ,			, 11 111 101100	, ,