



Claims Ineligible for Reimbursement under the Early Retiree Reinsurance Program

Coding Details for Ineligible Services under Medicare which will apply to ERRP

Updated July 18, 2011

On September 28, 2010, the Early Retiree Reinsurance Program (ERRP) issued general guidance that claims for services and items excluded by Medicare would not be reimbursable.

The following is a detailed listing of Current Procedural Terminology (CPT)¹, Healthcare Common Procedure Coding System (HCPCS) codes, and prescription drug guidance, which provide additional detail on the services and items excluded under the Medicare program which ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes.

In addition to these specifically excluded services and items, ERRP will also not credit or reimburse for assisted suicide, cosmetic surgery (except when required for the prompt repair of an accidental injury or for the improvement of the functioning of a malformed body part) and items or services not furnished in the United States.

This technical guidance for plan sponsors is posted on the ERRP website. The Department reserves the right to update this list to better align the technical guidance with the policy goals of the program.

A downloadable file containing the latest list of excluded items and services can be found on the [Regulations and Guidance page](#) on the ERRP website.

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Applicable FARS/DFARS Apply to Government Use.

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Custodial Care by Non-Medical Personnel

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	Home visit day life activity
99510	HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING	Home visit, sing/m/fam couns
99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	Home visit nos
A0080	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST	Noninterest escort in non er
A0090	NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY INDIVIDUAL (FAMILY MEMBER, SELF, NEIGHBOR) WITH VESTED INTEREST	Interest escort in non er
A0100	NON-EMERGENCY TRANSPORTATION; TAXI	Nonemergency transport taxi
A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	Nonemergency transport bus
A0120	NON-EMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION SYSTEMS	Noner transport mini-bus
A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	Noner transport wheelch van
A0140	NON-EMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL) INTRA OR INTER STATE	Nonemergency transport air
A0160	NON-EMERGENCY TRANSPORTATION: PER MILE - CASE WORKER OR SOCIAL WORKER	Noner transport case worker
A0170	TRANSPORTATION ANCILLARY: PARKING FEES, TOLLS, OTHER	Transport parking fees/tolls
A0180	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING-RECIPIENT	Noner transport lodgng recip
A0190	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-RECIPIENT	Noner transport meals recip
A0200	NON-EMERGENCY TRANSPORTATION: ANCILLARY: LODGING ESCORT	Noner transport lodgng escrt
A0210	NON-EMERGENCY TRANSPORTATION: ANCILLARY: MEALS-ESCORT	Noner transport meals escort
A0888	NONCOVERED AMBULANCE MILEAGE, PER MILE (E.G., FOR MILES TRAVELED BEYOND CLOSEST APPROPRIATE FACILITY)	Noncovered ambulance mileage
A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	Ambulance response/treatment
H0041	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	Fos c chld non-ther per diem
H0042	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH	Fos c chld non-ther per mon
H0043	SUPPORTED HOUSING, PER DIEM	Supported housing, per diem
H0044	SUPPORTED HOUSING, PER MONTH	Supported housing, per month
H2021	COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES	Com wrap-around sv, 15 min
H2022	COMMUNITY-BASED WRAP-AROUND SERVICES, PER DIEM	Com wrap-around sv, per diem
H2023	SUPPORTED EMPLOYMENT, PER 15 MINUTES	Supported employ, per 15 min
H2024	SUPPORTED EMPLOYMENT, PER DIEM	Supported employ, per diem
H2025	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES	Supp maint employ, 15 min
H2026	ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER DIEM	Supp maint employ, per diem

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H2032	ACTIVITY THERAPY, PER 15 MINUTES	Activity therapy, per 15 min
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES	Multisys ther/juvenile 15min
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES	Adult daycare services 15min
S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	Adult day care per half day
S5102	DAY CARE SERVICES, ADULT; PER DIEM	Adult day care per diem
S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	Centerbased day care perdiem
S5108	HOME CARE TRAINING TO HOME CARE CLIENT, PER 15 MINUTES	Homecare train pt 15 min
S5109	HOME CARE TRAINING TO HOME CARE CLIENT, PER SESSION	Homecare train pt session
S5110	HOME CARE TRAINING, FAMILY; PER 15 MINUTES	Family homecare training 15m
S5111	HOME CARE TRAINING, FAMILY; PER SESSION	Family homecare train/sessio
S5115	HOME CARE TRAINING, NON-FAMILY; PER 15 MINUTES	Nonfamily homecare train/15m
S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	Nonfamily HC train/session
S5120	CHORE SERVICES; PER 15 MINUTES	Chore services per 15 min
S5121	CHORE SERVICES; PER DIEM	Chore services per diem
S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES	Attendant care service /15m
S5126	ATTENDANT CARE SERVICES; PER DIEM	Attendant care service /diem
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES	Homaker service nos per 15m
S5131	HOMEMAKER SERVICE, NOS; PER DIEM	Homemaker service nos /diem
S5135	COMPANION CARE, ADULT (E.G. IADL/ADL); PER 15 MINUTES	Adult companioncare per 15m
S5136	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	Adult companioncare per diem
S5140	FOSTER CARE, ADULT; PER DIEM	Adult foster care per diem
S5141	FOSTER CARE, ADULT; PER MONTH	Adult foster care per month
S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	Child fostercare th per diem
S5146	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	Ther fostercare child /month
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES	Unskilled respite care /15m
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	Unskilled respitecare /diem
S5165	HOME MODIFICATIONS; PER SERVICE	Home modifications per serv
S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL	Homedelivered prepared meal
S5175	LAUNDRY SERVICE, EXTERNAL, PROFESSIONAL; PER ORDER	Laundry serv,ext,prof,/order
S5199	PERSONAL CARE ITEM, NOS, EACH	Personal care item nos each
S9122	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR	Home health aide or certifie
S9444	PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	Parenting class
S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, INDIVIDUAL, PER SESSION	PT education noc individ
S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	PT education noc group
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	Exercise class
S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	Nutrition class
S9454	STRESS MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	Stress mgmt class
S9970	HEALTH CLUB MEMBERSHIP, ANNUAL	Health club membership yr
T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	School-based IEP ser bundled
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)	Personal care ser per 15 min

T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)	Personal care ser per diem
T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	HH Aide or cn aide per visit
T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY	Contracted services per day
T2001	NON-EMERGENCY TRANSPORTATION; PATIENT ATTENDANT/ESCORT	N-et; patient attend/escort
T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	N-et; per diem
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	N-et; encounter/trip
T2004	NON-EMERGENCY TRANSPORT; COMMERCIAL CARRIER, MULTI-PASS	N-et; commerc carrier pass
T2005	NON-EMERGENCY TRANSPORTATION; STRETCHER VAN	N-et; stretcher van
T2026	SPECIALIZED CHILDCARE, WAIVER; PER DIEM	Special childcare waiver/d
T2027	SPECIALIZED CHILDCARE, WAIVER; PER 15 MINUTES	Spec childcare waiver 15 min
T2030	ASSISTED LIVING, WAIVER; PER MONTH	Assist living waiver/month
T2031	ASSISTED LIVING; WAIVER, PER DIEM	Assist living waiver/diem
T2032	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER MONTH	Res care, nos waiver/month
T2033	RESIDENTIAL CARE, NOT OTHERWISE SPECIFIED (NOS), WAIVER; PER DIEM	Res, nos waiver per diem

Routine Foot Care

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOE, OXFORD, EACH	Orthopedic ftwear ladies oxf
L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOE, DEPTH INLAY, EACH	Orthoped ladies shoes dpth i
L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOE, HIGHTOP, DEPTH INLAY, EACH	Ladies shoes hightop depth i
L3219	ORTHOPEDIC FOOTWEAR, MENS SHOE, OXFORD, EACH	Orthopedic mens shoes oxford
L3221	ORTHOPEDIC FOOTWEAR, MENS SHOE, DEPTH INLAY, EACH	Orthopedic mens shoes dpth i
L3222	ORTHOPEDIC FOOTWEAR, MENS SHOE, HIGHTOP, DEPTH INLAY, EACH	Mens shoes hightop depth inl
L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM FABRICATED ORTHOTICS ONLY, EACH	Torsion mechanism wrist/elbo

Personal Comfort Items

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
97005	ATHLETIC TRAINING EVALUATION	Athletic train eval
97006	ATHLETIC TRAINING RE-EVALUATION	Athletic train reeval
A4466	GARMENT, BELT, SLEEVE OR OTHER COVERING, ELASTIC OR SIMILAR STRETCHABLE MATERIAL, ANY TYPE, EACH	Elastic garment/covering
A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	Above knee surgical stocking
A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	Thigh length surg stocking
A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	Below knee surgical stocking
A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	Full length surg stocking
A9270	NON-COVERED ITEM OR SERVICE	Non-covered item or service
A9282	WIG, ANY TYPE, EACH	Wig any type
A9300	EXERCISE EQUIPMENT	Exercise equipment
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	Seat lift mechanism toilet
E0241	BATH TUB WALL RAIL, EACH	Bath tub wall rail
E0242	BATH TUB RAIL, FLOOR BASE	Bath tub rail floor
E0243	TOILET RAIL, EACH	Toilet rail
E0244	RAISED TOILET SEAT	Toilet seat raised
E0245	TUB STOOL OR BENCH	Tub stool or bench
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	Hospital bed institutional t
E0274	OVER-BED TABLE	Over-bed table
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE	Bed accessory brd/tbl/supprt

Routine Services and Appliances for Vision

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
S0500	DISPOSABLE CONTACT LENS, PER LENS	Dispos cont lens
S0504	SINGLE VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	Singl prscrp lens
S0506	BIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	Bifoc prscp lens
S0508	TRIFOCAL VISION PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	Trifoc prscrp lens
S0510	NON-PRESCRIPTION LENS (SAFETY, ATHLETIC, OR SUNGLASS), PER LENS	Non-prscrp lens
S0512	DAILY WEAR SPECIALTY CONTACT LENS, PER LENS	Daily cont lens
S0514	COLOR CONTACT LENS, PER LENS	Color cont lens
S0515	SCLERAL LENS, LIQUID BANDAGE DEVICE, PER LENS	Scleral lens liquid bandage
S0516	SAFETY EYEGLASS FRAMES	Safety frames
S0518	SUNGLASSES FRAMES	Sunglass frames
S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	Polycarb lens
S0581	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	Nonstnd lens
S0590	INTEGRAL LENS SERVICE, MISCELLANEOUS SERVICES REPORTED SEPARATELY	Misc integral lens serv
S0592	COMPREHENSIVE CONTACT LENS EVALUATION	Comp cont lens eval
S0595	DISPENSING NEW SPECTACLE LENSES FOR PATIENT SUPPLIED FRAME	New lenses in pts old frame
92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND DIRECTION OF FITTING BY INDEPENDENT TECHNICIAN; CORNEAL LENS, BOTH EYES EXCEPT FOR APHAKIA	Prescription of contact lens
92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	Fitting of spectacles
92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	Fitting of spectacles
92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	Repair & adjust spectacles
V2025	DELUXE FRAME	Eyeglasses delux frames
V2702	DELUXE LENS FEATURE	Deluxe lens feature
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	Astigmatism-correct function
V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	Presbyopia-correct function

Hearing Aids and Auditory implants

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	Hearing aid exam, one ear
92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	Hearing aid exam, both ears
92592	HEARING AID CHECK; MONAURAL	Hearing aid check, one ear
92593	HEARING AID CHECK; BINAURAL	Hearing aid check, both ears
92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	Electro hearng aid test, one
92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	Electro hearng aid tst, both
92630	AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS	Aud rehab pre-ling hear loss
92633	AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS	Aud rehab postling hear loss
V5008	HEARING SCREENING	Hearing screening
V5010	ASSESSMENT FOR HEARING AID	Assessment for hearing aid
V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	Hearing aid fitting/checking
V5014	REPAIR/MODIFICATION OF A HEARING AID	Hearing aid repair/modifying
V5020	CONFORMITY EVALUATION	Conformity evaluation
V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	Body-worn hearing aid air
V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	Body-worn hearing aid bone
V5050	HEARING AID, MONAURAL, IN THE EAR	Hearing aid monaural in ear
V5060	HEARING AID, MONAURAL, BEHIND THE EAR	Behind ear hearing aid
V5070	GLASSES, AIR CONDUCTION	Glasses air conduction
V5080	GLASSES, BONE CONDUCTION	Glasses bone conduction
V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	Hearing aid dispensing fee
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS	Implant mid ear hearing pros
V5100	HEARING AID, BILATERAL, BODY WORN	Body-worn bilat hearing aid
V5110	DISPENSING FEE, BILATERAL	Hearing aid dispensing fee
V5120	BINAURAL, BODY	Body-worn binaur hearing aid
V5130	BINAURAL, IN THE EAR	In ear binaural hearing aid
V5140	BINAURAL, BEHIND THE EAR	Behind ear binaur hearing ai
V5150	BINAURAL, GLASSES	Glasses binaural hearing aid
V5160	DISPENSING FEE, BINAURAL	Dispensing fee binaural
V5170	HEARING AID, CROS, IN THE EAR	Within ear cros hearing aid
V5180	HEARING AID, CROS, BEHIND THE EAR	Behind ear cros hearing aid
V5190	HEARING AID, CROS, GLASSES	Glasses cros hearing aid
V5200	DISPENSING FEE, CROS	Cros hearing aid dispens fee
V5210	HEARING AID, BICROS, IN THE EAR	In ear bicros hearing aid
V5220	HEARING AID, BICROS, BEHIND THE EAR	Behind ear bicros hearing ai
V5230	HEARING AID, BICROS, GLASSES	Glasses bicros hearing aid
V5240	DISPENSING FEE, BICROS	Dispensing fee bicros
V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	Dispensing fee, monaural
V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	Hearing aid, monaural, cic
V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	Hearing aid, monaural, itc
V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	Hearing aid, prog, mon, cic
V5245	HEARING AID, DIGITALLY PROGRAMMABLE, ANALOG, MONAURAL, ITC	Hearing aid, prog, mon, itc
V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	Hearing aid, prog, mon, ite

V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	Hearing aid, prog, mon, bte
V5248	HEARING AID, ANALOG, BINAURAL, CIC	Hearing aid, binaural, cic
V5249	HEARING AID, ANALOG, BINAURAL, ITC	Hearing aid, binaural, itc
V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	Hearing aid, prog, bin, cic
V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	Hearing aid, prog, bin, itc
V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	Hearing aid, prog, bin, ite
V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	Hearing aid, prog, bin, bte
V5254	HEARING AID, DIGITAL, MONAURAL, CIC	Hearing id, digit, mon, cic
V5255	HEARING AID, DIGITAL, MONAURAL, ITC	Hearing aid, digit, mon, itc
V5256	HEARING AID, DIGITAL, MONAURAL, ITE	Hearing aid, digit, mon, ite
V5257	HEARING AID, DIGITAL, MONAURAL, BTE	Hearing aid, digit, mon, bte
V5258	HEARING AID, DIGITAL, BINAURAL, CIC	Hearing aid, digit, bin, cic
V5259	HEARING AID, DIGITAL, BINAURAL, ITC	Hearing aid, digit, bin, itc
V5260	HEARING AID, DIGITAL, BINAURAL, ITE	Hearing aid, digit, bin, ite
V5261	HEARING AID, DIGITAL, BINAURAL, BTE	Hearing aid, digit, bin, bte
V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	Hearing aid, disp, monaural
V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	Hearing aid, disp, binaural
V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	Ear mold/insert
V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	Ear mold/insert, disp
V5266	BATTERY FOR USE IN HEARING DEVICE	Battery for hearing device
V5267	HEARING AID SUPPLIES / ACCESSORIES	Hearing aid supply/accessory
V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	ALD Telephone Amplifier
V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	Alerting device, any type
V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	ALD, TV amplifier, any type
V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	ALD, TV caption decoder
V5272	ASSISTIVE LISTENING DEVICE, TDD	Tdd
V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	ALD for cochlear implant
V5274	ASSISTIVE LISTENING DEVICE, NOT OTHERWISE SPECIFIED	ALD unspecified
V5275	EAR IMPRESSION, EACH	Ear impression
V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	Hearing aid noc
V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	Repair communication device

Cosmetic Surgery

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
69090	EAR PIERCING	Pierce earlobes
15775	PUNCH GRAFT HAIR TRANSPLANT, 1-15 grafts	hair transplant
15776	PUNCH GRAFT HAIR TRANSPLANT, over 15 grafts	hair transplant
19300	MASTECTOMY FOR GYNECOMASTIA	Remove fatty breast tissue
19318	REDUCTION MAMMOPLASTY	Breast reduction
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL, 1CC OR LESS	Inject filling material-collagen
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL, 1.1 TO 5CC OR LESS	Inject filling material-collagen
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL, 5.1 TO 10CC	Inject filling material-collagen
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL, MORE THAN 10CC	Inject filling material-collagen
15819	CERVICOPLASTY	Chemical Exfoliation of Acne
15824	RHYTIDECTOMY - FOREHEAD	Removal of wrinkles
15825	RHYTIDECTOMY – NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P – FLAP)	Removal of wrinkles
15826	RHYTIDECTOMY – GLABELLAR FROWN LINES	Removal of wrinkles
15876	SUCTION ASSISTED LIPECTOMY - HEAD AND NECK	Liposuction
15877	SUCTION ASSISTED LIPECTOMY – TRUNK	Liposuction
15878	SUCTION ASSISTED LIPECTOMY - UPPER EXTREMITY	Liposuction
15879	SUCTION ASSISTED LIPECTOMY - LOWER EXTREMITY	Liposuction
17340	CRYOTHERAPY FOR ACNE	Skin cooling for acne
17360	CHEMICAL EXFOLIATION	Exfoliation
17380	ELECTROLYSIS	Electrolysis
69300	OTOPLASTY	Adjust ear shape/position

ERRP will also not credit or reimburse for other cosmetic surgery, except when required for the prompt repair of an accidental injury or for the improvement of the functioning of a malformed body part.

Routine Dental Services

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	Periodic oral evaluation
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	Limit oral eval problm focus
D0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVER	Oral evaluation, pt < 3yrs
D0160	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT	Extensv oral eval prob focus
D0170	RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	Re-eval,est pt,problem focus
D0180	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT	Comp periodontal evaluation
D0220	INTRAORAL-PERiapICAL-FIRST FILM	Intraoral periapical first f
D0230	INTRAORAL-PERiapICAL-EACH ADDITIONAL FILM	Intraoral periapical ea add
D0273	BITEWINGS - THREE FILMS	Bitewings - three films
D0290	POSTERIOR-ANTERIOR OR LATERAL SKULL AND FACIAL BONE SURVEY FILM	Dental film skull/facial bon
D0320	TEMPOROMANDIBULAR JOINT ARTHROGRAM, INCLUDING INJECTION	Dental tmj arthrogram incl i
D0321	OTHER TEMPOROMANDIBULAR JOINT FILMS, BY REPORT	Dental other tmj films
D0322	TOMOGRAPHIC SURVEY	Dental tomographic survey
D0330	PANORAMIC FILM	Dental panoramic film
D0340	CEPHALOMETRIC FILM	Dental cephalometric film
D0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES	Oral/facial photo images
D0360	CONE BEAM CT - CRANIOFACIAL DATA CAPTURE	Cone beam ct
D0362	CONE BEAM - TWO-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	Cone beam, two dimensional
D0363	CONE BEAM - THREE-DIMENSIONAL IMAGE RECONSTRUCTION USING EXISTING DATA, INCLUDES MULTIPLE IMAGES	Cone beam, three dimensional
D0415	COLLECTION OF MICROORGANISMS FOR CULTURE AND SENSITIVITY	Collection of microorganisms
D0417	COLLECTION AND PREPARATION OF SALIVA SAMPLE FOR LABORATORY DIAGNOSTIC TESTING	Collect & prep saliva sample
D0418	ANALYSIS OF SALIVA SAMPLE	Analysis of saliva sample
D0425	CARIES SUSCEPTIBILITY TESTS	Caries susceptibility test
D0470	DIAGNOSTIC CASTS	Diagnostic casts
D0486	LABORATORY ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAMINATION, PREPARATION AND TRANSMISSION OF WRITTEN REPORT	Accession of brush biopsy
D1110	PROPHYLAXIS-ADULT	Dental prophylaxis adult
D1120	PROPHYLAXIS-CHILD	Dental prophylaxis child
D1203	TOPICAL APPLICATION OF FLUORIDE - CHILD	Topical app fluoride child
D1204	TOPICAL APPLICATION OF FLUORIDE - ADULT	Topical app fluoride adult
D1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	Topical fluoride varnish
D1320	TOBACCO COUNSELING FOR THE CONTROL AND PREVENTION OF ORAL DISEASE	Tobacco counseling
D1330	ORAL HYGIENE INSTRUCTION	Oral hygiene instruction
D1351	SEALANT-PER TOOTH	Dental sealant per tooth
D1555	REMOVAL OF FIXED SPACE MAINTAINER	Remove fix space maintainer
D2140	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	Amalgam one surface permanen
D2150	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	Amalgam two surfaces permane

D2160	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	Amalgam three surfaces perma
D2161	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	Amalgam 4 or > surfaces perm
D2331	RESIN-TWO SURFACES, ANTERIOR	Resin two surfaces-anterior
D2332	RESIN-THREE SURFACES, ANTERIOR	Resin three surfaces-anterio
D2335	RESIN-FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE (ANTERIOR)	Resin 4/> surf or w incis an
D2390	RESIN-BASED COMPOSITE CROWN, ANTERIOR	Ant resin-based cmpst crown
D2391	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR	Post 1 srfc resinbased cmpst
D2392	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR	Post 2 srfc resinbased cmpst
D2393	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR	Post 3 srfc resinbased cmpst
D2394	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR	Post >=4srfc resinbase cmpst
D2420	GOLD FOIL-TWO SURFACES	Dental gold foil two surface
D2430	GOLD FOIL-THREE SURFACES	Dental gold foil three surfa
D2520	INLAY-METALLIC-TWO SURFACES	Dental inlay metallic 2 surf
D2530	INLAY-METALLIC-THREE OR MORE SURFACES	Dental inlay metl 3/more sur
D2542	ONLAY-METALLIC-TWO SURFACES	Dental onlay metallic 2 surf
D2543	ONLAY - METALLIC - THREE SURFACES	Dental onlay metallic 3 surf
D2544	ONLAY - METALLIC - FOUR OR MORE SURFACES	Dental onlay metl 4/more sur
D2610	INLAY-PORCELAIN/CERAMIC-ONE SURFACE	Inlay porcelain/ceramic 1 su
D2620	INLAY-PORCELAIN/CERAMIC-TWO SURFACES	Inlay porcelain/ceramic 2 su
D2630	INLAY-PORCELAIN/CERAMIC-THREE OR MORE SURFACES	Dental onlay porc 3/more sur
D2642	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES	Dental onlay porcelin 2 surf
D2643	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES	Dental onlay porcelin 3 surf
D2644	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES	Dental onlay porc 4/more sur
D2650	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE	Inlay composite/resin one su
D2651	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Inlay composite/resin two su
D2652	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES	Dental inlay resin 3/mre sur
D2662	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES	Dental onlay resin 2 surface
D2663	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES	Dental onlay resin 3 surface
D2664	ONLAY - - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES	Dental onlay resin 4/mre sur
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)	Crown 3/4 resin-based compos
D2720	CROWN-RESIN WITH HIGH NOBLE METAL	Crown resin w/ high noble me
D2721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	Crown resin w/ base metal
D2722	CROWN-RESIN WITH NOBLE METAL	Crown resin w/ noble metal
D2740	CROWN-PORCELAIN/CERAMIC SUBSTRATE	Crown porcelain/ceramic subs
D2750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	Crown porcelain w/ h noble m
D2751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Crown porcelain fused base m
D2752	CROWN-PORCELAIN FUSED TO NOBLE METAL	Crown porcelain w/ noble met
D2780	CROWN - 3/4 CAST HIGH NOBLE METAL	Crown 3/4 cast hi noble met
D2781	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL	Crown 3/4 cast base metal
D2782	CROWN - 3/4 CAST NOBLE METAL	Crown 3/4 cast noble metal
D2783	CROWN - 3/4 PORCELAIN/CERAMIC	Crown 3/4 porcelain/ceramic
D2790	CROWN-FULL CAST HIGH NOBLE METAL	Crown full cast high noble m
D2791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	Crown full cast base metal
D2792	CROWN-FULL CAST NOBLE METAL	Crown full cast noble metal
D2794	CROWN-TITANIUM	Crown-titanium
D2799	PROVISIONAL CROWN	Provisional crown
D2915	RECEMENT CAST OR PREFABRICATED POST AND CORE	Recement cast or prefab post
D2920	RECEMENT CROWN	Dental recement crown
D2930	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	Prefab stnlss steel crwn pri

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D2931	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT TOOTH	Prefab stnlss steel crown pe
D2932	PREFABRICATED RESIN CROWN	Prefabricated resin crown
D2933	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW	Prefab stainless steel crown
D2934	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH	Prefab steel crown primary
D2940	SEDATIVE FILLING	Dental sedative filling
D2950	CORE BUILD-UP, INCLUDING ANY PINS	Core build-up incl any pins
D2951	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	Tooth pin retention
D2952	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED	Post and core cast + crown
D2953	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Each addtnl cast post
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	Prefab post/core + crown
D2955	POST REMOVAL (NOT IN CONJUNCTION WITH ENDODONTIC THERAPY)	Post removal
D2957	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Each addtnl prefab post
D2960	LABIAL VENEER (LAMINATE)-CHAIRSIDE	Laminate labial veneer
D2961	LABIAL VENEER (RESIN LAMINATE)-LABORATORY	Lab labial veneer resin
D2962	LABIAL VENEER (PORCELAIN LAMINATE)-LABORATORY	Lab labial veneer porcelain
D2971	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE FRAMEWORK	Add proc construct new crown
D2975	COPING	Coping
D2980	CROWN REPAIR, BY REPORT	Crown repair
D3120	PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	Pulp cap indirect
D3221	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH	Gross pulpal debridement
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS - PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	Part pulp for apexogenesis
D3240	PULPAL THERAPY (RESORBABLE FILLING)-POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	Pulpal therapy posterior pri
D3320	ENDODONTIC THERAPY, BICUSPID TOOTH (EXCLUDING FINAL RESTORATION)	End thxpy, bicuspid tooth
D3330	ENDODONTIC THERAPY, MOLAR (EXCLUDING FINAL RESTORATION)	End thxpy, molar
D3331	TREATMENT OF ROOT CANAL OBSTRUCTION; NON-SURGICAL ACCESS	Non-surg tx root canal obs
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH	Incomplete endodontic tx
D3333	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	Internal root repair
D3347	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-BICUSPID	Retreat root canal bicuspid
D3348	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR	Retreat root canal molar
D3352	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	Apexification/recalc interim
D3353	APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY- APICAL CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC.)	Apexification/recalc final
D3421	APICTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)	Root surgery bicuspid
D3425	APICTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)	Root surgery molar
D3426	APICTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	Root surgery ea add root
D3430	RETROGRADE FILLING-PER ROOT	Retrograde filling
D3450	ROOT AMPUTATION-PER ROOT	Root amputation
D3470	INTENTIONAL REPLANTATION (INCLUDING NECESSARY SPLINTING)	Intentional replantation
D3920	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY	Tooth splitting
D3950	CANAL PREPARATION AND FITTING OF PREFORMED DOWEL OR POST	Canal prep/fitting of dowel
D4211	GINGIVECTOMY OR GINGIVOPLASTY - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Gingivectomy/plasty per tooth
D4230	ANATOMICAL CROWN EXPOSURE - FOUR OR MORE CONTIGUOUS TEETH PER QUADRANT	Ana crown exp 4 or> per quad
D4231	ANATOMICAL CROWN EXPOSURE - ONE TO THREE TEETH PER QUADRANT	Ana crown exp 1-3 per quad
D4240	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Gingival flap proc w/ planing

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D4241	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Gngvl flap w rootplan 1-3 th
D4245	APICALLY POSITIONED FLAP	Apically positioned flap
D4249	CLINICAL CROWN LENGTHENING-HARD TISSUE	Crown lengthen hard tissue
D4261	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER QUADRANT	Osseous surgl-3teethperquad
D4265	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	Bio mtrls to aid soft/os reg
D4266	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER, PER SITE	Guided tiss regen resorb
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE, (INCLUDES MEMBRANE REMOVAL)	Guided tiss regen nonresorb
D4274	DISTAL OR PROXIMAL WEDGE PROCEDURE (WHEN NOT PERFORMED IN CONJUNCTION WITH SURGICAL PROCEDURES IN THE SAME ANATOMICAL AREA)	Distal/proximal wedge proc
D4275	SOFT TISSUE ALLOGRAFT	Soft tissue allograft
D4276	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH	Con tissue w dble ped graft
D4321	PROVISIONAL SPLINTING-EXTRACORONAL	Provisional splint extracoro
D4341	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH PER QUADRANT	Periodontal scaling & root
D4342	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	Periodontal scaling 1-3teeth
D4920	UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER THAN TREATING DENTIST)	Unscheduled dressing change
D4999	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT	Unspecified periodontal proc
D5120	COMPLETE DENTURE - MANDIBULAR	Dentures complete mandible
D5130	IMMEDIATE DENTURE - MAXILLARY	Dentures immediat maxillary
D5140	IMMEDIATE DENTURE - MANDIBULAR	Dentures immediat mandible
D5212	LOWER PARTIAL-RESIN BASE (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Dentures mand part resin
D5213	MAXILLARY PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS, RESTS AND TEETH)	Dentures maxill part metal
D5214	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING ANY CONVENTIONAL CLASPS,RESTS AND TEETH)	Dentures mandibl part metal
D5225	MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Maxillary part denture flex
D5226	MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	Mandibular part denture flex
D5281	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE CAST METAL (INCLUDING CLASPS AND TEETH)	Removable partial denture
D5411	ADJUST COMPLETE DENTURE - MANDIBULAR	Dentures adjust cmplt mand
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	Dentures adjust part maxill
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	Dentures adjust part mandbl
D5520	REPLACE MISSING OR BROKEN TEETH-COMPLETE DENTURE (EACH TOOTH)	Replace denture teeth cmplt
D5620	REPAIR CAST FRAMEWORK	Rep part denture cast frame
D5630	REPAIR OR REPLACE BROKEN CLASP	Rep partial denture clasp
D5640	REPLACE BROKEN TEETH-PER TOOTH	Replace part denture teeth
D5650	ADD TOOTH TO EXISTING PARTIAL DENTURE	Add tooth to partial denture
D5660	ADD CLASP TO EXISTING PARTIAL DENTURE	Add clasp to partial denture
D5670	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MAXILLARY)	Replc tth&acrlic on mtl frmwk
D5671	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (MANDIBULAR)	Replc tth&acrlic mandibular
D5711	REBASE COMPLETE MANDIBULAR DENTURE	Dentures rebase cmplt mand
D5720	REBASE MAXILLARY PARTIAL DENTURE	Dentures rebase part maxill
D5721	REBASE MANDIBULAR PARTIAL DENTURE	Dentures rebase part mandbl
D5731	RELINE LOWER COMPLETE MANDIBULAR DENTURE (CHAIRSIDE)	Denture reln cmplt mand chr
D5740	RELINE MAXILLARY PARTIAL DENTURE (CHAIRSIDE)	Denture reln part maxil chr
D5741	RELINE MANDIBULAR PARTIAL DENTURE (CHAIRSIDE)	Denture reln part mand chr
D5750	RELINE COMPLETE MAXILLARY DENTURE (LABORATORY)	Denture reln cmplt max lab

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D5751	RELINE COMPLETE MANDIBULAR DENTURE (LABORATORY)	Denture reln cmplt mand lab
D5760	RELINE MAXILLARY PARTIAL DENTURE (LABORATORY)	Denture reln part maxil lab
D5761	RELINE MANDIBULAR PARTIAL DENTURE (LABORATORY)	Denture reln part mand lab
D5811	INTERIM COMPLETE DENTURE (MANDIBULAR)	Denture interm cmplt mandbl
D5820	INTERIM PARTIAL DENTURE (MAXILLARY)	Denture interm part maxill
D5821	INTERIM PARTIAL DENTURE (MANDIBULAR)	Denture interm part mandbl
D5851	TISSUE CONDITIONING, MANDIBULAR	Denture tiss condtin mandbl
D5860	OVERDENTURE-COMPLETE, BY REPORT	Overdenture complete
D5861	OVERDENTURE-PARTIAL, BY REPORT	Overdenture partial
D5862	PRECISION ATTACHMENT, BY REPORT	Precision attachment
D5867	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT)	Replacement of precision att
D5875	MODIFICATION OF REMOVABLE PROSTHESIS FOLLOWING IMPLANT SURGERY	Prosthesis modification
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT	Removable prosthodontic proc
D5986	FLUORIDE GEL CARRIER	Fluoride applicator
D5988	SURGICAL SPLINT	Surgical splint
D5991	TOPICAL MEDICAMENT CARRIER	Topical medicament carrier
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	Maxillofacial prosthesis
D6012	SURGICAL PLACEMENT OF INTERIM IMPLANT BODY FOR TRANSITIONAL PROSTHESIS: ENDOSTEAL IMPLANT	Endosteal implant
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT	Odontics eposteal implant
D6050	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT	Odontics transosteal implnt
D6053	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH	Implnt/abtmnt spprt remv dnt
D6054	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH	Implnt/abtmnt spprt remvprtl
D6056	PREFABRICATED ABUTMENT - INCLUDES PLACEMENT	Prefabricated abutment
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT	Custom abutment
D6058	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	Abutment supported crown
D6059	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)	Abutment supported mtl crown
D6060	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (PREDOMINANTLY BASE METAL)	Abutment supported mtl crown
D6061	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL)	Abutment supported mtl crown
D6062	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL)	Abutment supported mtl crown
D6063	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL)	Abutment supported mtl crown
D6064	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL)	Abutment supported mtl crown
D6065	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	Implant supported crown
D6066	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	Implant supported mtl crown
D6067	IMPLANT SUPPORTED METAL CROWN (TITANIUM, TITANIUM ALLOY, HIGH NOBLE METAL)	Implant supported mtl crown
D6068	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC FPD	Abutment supported retainer
D6069	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (HIGH NOBLE METAL)	Abutment supported retainer
D6070	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (PREDOMINANTLY BASE METAL)	Abutment supported retainer
D6071	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (NOBLE METAL)	Abutment supported retainer
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (HIGH NOBLE METAL)	Abutment supported retainer
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (PREDOMINANTLY BASE METAL)	Abutment supported retainer
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST METAL FPD (NOBLE METAL)	Abutment supported retainer
D6075	IMPLANT SUPPORTED RETAINER FOR CERAMIC FPD	Implant supported retainer

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D6076	IMPLANT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	Implant supported retainer
D6077	IMPLANT SUPPORTED RETAINER FOR CAST METAL FPD (TITANIUM, TITANIUM ALLOY, OR HIGH NOBLE METAL)	Implant supported retainer
D6078	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH	Implnt/abut suprted fixd dent
D6079	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH	Implnt/abut suprted fixd dent
D6090	REPAIR IMPLANTSUPPORTED PROSTHESIS BY REPORT	Repair implant
D6091	REPLACEMENT OF SEMI-PRECISION OR PRECISION ATTACHMENT (MALE OR FEMALE COMPONENT) OF IMPLANT/ABUTMENT SUPPORTED PROSTHESIS, PER ATTACHMENT	Repl semi/precision attach
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN	Rececent supp crown
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE	Rececent supp part denture
D6094	ABUTMENT SUPPORTED CROWN - (TITANIUM)	Abut support crown titanium
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT	Odontics repr abutment
D6100	IMPLANT REMOVAL, BY REPORT	Removal of implant
D6194	ABUTMENT SUPPORTED RETAINER CROWN FOR FPD - (TITANIUM)	Abut support retainer titani
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT	Implant procedure
D6205	PONTIC - INDIRECT RESIN BASED COMPOSITE	Pontic-indirect resin based
D6211	PONTIC-CAST PREDOMINANTLY BASE METAL	Bridge base metal cast
D6212	PONTIC-CAST NOBLE METAL	Bridge noble metal cast
D6214	PONTIC - TITANIUM	Pontic titanium
D6240	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL	Bridge porcelain high noble
D6241	PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Bridge porcelain base metal
D6242	PONTIC-PORCELAIN FUSED TO NOBLE METAL	Bridge porcelain nobel metal
D6245	PONTIC - PORCELAIN/CERAMIC	Bridge porcelain/ceramic
D6250	PONTIC-RESIN WITH HIGH NOBLE METAL	Bridge resin w/high noble
D6251	PONTIC-RESIN WITH PREDOMINANTLY BASE METAL	Bridge resin base metal
D6252	PONTIC-RESIN WITH NOBLE METAL	Bridge resin w/noble metal
D6253	PROVISIONAL PONTIC	Provisional pontic
D6545	RETAINER-CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	Dental retainr cast metl
D6548	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	Porcelain/ceramic retainer
D6600	INLAY-PORCELAIN/CERAMIC, TWO SURFACES	Porcelain/ceramic inlay 2srf
D6601	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Porc/ceram inlay >= 3 surfac
D6602	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Cst hgh nble mtl inlay 2 srf
D6603	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Cst hgh nble mtl inlay >=3sr
D6604	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Cst bse mtl inlay 2 surfaces
D6605	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Cst bse mtl inlay >= 3 surfa
D6606	INLAY - CAST NOBLE METAL, TWO SURFACES	Cast noble metal inlay 2 sur
D6607	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Cst noble mtl inlay >=3 surf
D6608	ONLAY - PORCELAIN/CERAMIC, TWO SURFACES	Onlay porc/crmmc 2 surfaces
D6609	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES	Onlay porc/crmmc >=3 surfaces
D6610	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES	Onlay cst hgh nbl mtl 2 srfc
D6611	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	Onlay cst hgh nbl mtl >=3srf
D6612	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES	Onlay cst base mtl 2 surface
D6613	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	Onlay cst base mtl >=3 surfa
D6614	ONLAY - CAST NOBLE METAL, TWO SURFACES	Onlay cst nbl mtl 2 surfaces
D6615	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES	Onlay cst nbl mtl >=3 surfac
D6624	INLAY - TITANIUM	Inlay titanium
D6634	ONLAY - TITANIUM	Onlay titanium
D6710	CROWN - INDIRECT RESIN BASED COMPOSITE	Crown-indirect resin based

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D6721	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	Crown resin w/base metal
D6722	CROWN-RESIN WITH NOBLE METAL	Crown resin w/noble metal
D6740	CROWN - PORCELAIN/CERAMIC	Crown porcelain/ceramic
D6750	CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	Crown porcelain high noble
D6751	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	Crown porcelain base metal
D6752	CROWN-PORCELAIN FUSED TO NOBLE METAL	Crown porcelain noble metal
D6780	CROWN-3/4 CAST HIGH NOBLE METAL	Crown 3/4 high noble metal
D6781	CROWN - 3/4 CAST PREDOMINANTLY BASED METAL	Crown 3/4 cast based metal
D6782	CROWN - 3/4 CAST NOBLE METAL	Crown 3/4 cast noble metal
D6783	CROWN - 3/4 PORCELAIN/CERAMIC	Crown 3/4 porcelain/ceramic
D6790	CROWN-FULL CAST HIGH NOBLE METAL	Crown full high noble metal
D6791	CROWN-FULL CAST PREDOMINANTLY BASE METAL	Crown full base metal cast
D6792	CROWN-FULL CAST NOBLE METAL	Crown full noble metal cast
D6793	PROVISIONAL RETAINER CROWN	Provisional retainer crown
D6794	CROWN - TITANIUM	Crown titanium
D6930	RECEMENT BRIDGE	Dental recement bridge
D6940	STRESS BREAKER	Stress breaker
D6950	PRECISION ATTACHMENT	Precision attachment
D6970	POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER, INDIRECTLY FABRICATED	Post & core plus retainer
D6972	PREFABRICATED POST AND CORE IN ADDITION TO BRIDGE RETAINER	Prefab post & core plus reta
D6973	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	Core build up for retainer
D6975	COPING-METAL	Coping metal
D6976	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH	Each addtnl cast post
D6977	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH	Each addtl prefab post
D6980	BRIDGE REPAIR, BY REPORT	Bridge repair
D6985	PEDIATRIC PARTIAL DENTURE, FIXED	Pediatric partial denture fx
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT	Fixed prosthodontic proc
D7270	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH	Tooth reimplantation
D7272	TOOTH TRANSPLANTATION (INCLUDES REIMPLANTATION FROM ONE SITE TO ANOTHER AND SPLINTING AND/OR STABILIZATION)	Tooth transplantation
D7280	SURGICAL ACCESS OF AN UNERUPTED TOOTH	Exposure impact tooth orthod
D7282	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	Mobilize erupted/malpos toot
D8692	REPLACEMENT OF LOST OR BROKEN RETAINER	Replacement retainer
D9941	FABRICATION OF ATHLETIC MOUTHGUARD	Fabrication athletic guard
D9972	EXTERNAL BLEACHING - PER ARCH	Extrnl bleaching per arch
D9973	EXTERNAL BLEACHING - PER TOOTH	Extrnl bleaching per tooth
D9974	INTERNAL BLEACHING - PER TOOTH	Intrnl bleaching per tooth

Services to Promote or Enable Fertility

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
S2270	INSERTION OF VAGINAL CYLINDER FOR APPLICATION OF RADIATION SOURCE OR CLINICAL BRACHYTHERAPY (REPORT SEPARATELY IN ADDITION TO RADIATION SOURCE DELIVERY)	Insertion vaginal cylinder
S4011	IN VITRO FERTILIZATION; INCLUDING BUT NOT LIMITED TO IDENTIFICATION AND INCUBATION OF MATURE OOCYTES, FERTILIZATION WITH SPERM, INCUBATION OF EMBRYO(S), AND SUBSEQUENT VISUALIZATION FOR DETERMINATION OF DEVELOPMENT	IVF package
S4013	COMPLETE CYCLE, GAMETE INTRAFALLOPIAN TRANSFER (GIFT), CASE RATE	Compl GIFT case rate
S4014	COMPLETE CYCLE, ZYGOTE INTRAFALLOPIAN TRANSFER (ZIFT), CASE RATE	Compl ZIFT case rate
S4015	COMPLETE IN VITRO FERTILIZATION CYCLE, NOT OTHERWISE SPECIFIED, CASE RATE	Complete IVF nos case rate
S4016	FROZEN IN VITRO FERTILIZATION CYCLE, CASE RATE	Frozen IVF case rate
S4017	INCOMPLETE CYCLE, TREATMENT CANCELLED PRIOR TO STIMULATION, CASE RATE	IVF canc a stim case rate
S4018	FROZEN EMBRYO TRANSFER PROCEDURE CANCELLED BEFORE TRANSFER, CASE RATE	F EMB trns canc case rate
S4020	IN VITRO FERTILIZATION PROCEDURE CANCELLED BEFORE ASPIRATION, CASE RATE	IVF canc a aspir case rate
S4021	IN VITRO FERTILIZATION PROCEDURE CANCELLED AFTER ASPIRATION, CASE RATE	IVF canc p aspir case rate
S4022	ASSISTED OOCYTE FERTILIZATION, CASE RATE	Asst oocyte fert case rate
S4023	DONOR EGG CYCLE, INCOMPLETE, CASE RATE	Incompl donor egg case rate
S4025	DONOR SERVICES FOR IN VITRO FERTILIZATION (SPERM OR EMBRYO), CASE RATE	Donor serv IVF case rate
S4026	PROCUREMENT OF DONOR SPERM FROM SPERM BANK	Procure donor sperm
S4027	STORAGE OF PREVIOUSLY FROZEN EMBRYOS	Store prev froz embryos
S4028	MICROSURGICAL EPIDIDYMAL SPERM ASPIRATION (MESA)	Microsurg epi sperm asp
S4030	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; INITIAL VISIT	Sperm procure init visit
S4031	SPERM PROCUREMENT AND CRYOPRESERVATION SERVICES; SUBSEQUENT VISIT	Sperm procure subs visit
S4035	STIMULATED INTRAUTERINE INSEMINATION (IUI), CASE RATE	Stimulated IUI case rate
S4037	CRYOPRESERVED EMBRYO TRANSFER, CASE RATE	Cryo embryo transf case rate
S4040	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS, PER 30 DAYS	Monit store cryo embryo 30 d
S4042	MANAGEMENT OF OVULATION INDUCTION (INTERPRETATION OF DIAGNOSTIC TESTS AND STUDIES, NON-FACE-TO-FACE MEDICAL MANAGEMENT OF THE PATIENT), PER CYCLE	Ovulation mgmt per cycle
S4981	INSERTION OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM	Insert levonorgestrel ius
S4989	CONTRACEPTIVE INTRAUTERINE DEVICE (E.G. PROGESTACERT IUD), INCLUDING IMPLANTS AND SUPPLIES	Contracept IUD

Abortion, Except to Preserve Life of Mother, or Case of Rape or Incest

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES (E.G., PATIENT COUNSELING, OFFICE VISITS, CONFIRMATION OF PREGNANCY BY HCG, ULTRASOUND TO CONFIRM DURATION OF PREGNANCY, ULTRASOUND TO CONFIRM COMPLETION OF ABORTION) EXCEPT DRUGS *	Med abortion inc all ex drug
S2260	INDUCED ABORTION, 17 TO 24 WEEKS *	Induced abortion 17-24 weeks
S2265	INDUCED ABORTION, 25 TO 28 WEEKS *	Induced abortion 25-28 wks
S2266	INDUCED ABORTION, 29 TO 31 WEEKS *	Induced abortion 29-31 wks
S2267	INDUCED ABORTION, 32 WEEKS OR GREATER *	Induced abortion 32 or more
59840	INDUCED ABORTION, BY DILATION AND CURETTAGE *	Induced abortion
59841	INDUCED ABORTION, BY DILATION AND EVACUATION *	Induced abortion
59850	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS) INCLUDING HOSPITAL ADMISSION AND VISITS, DELIVER OF FETUS AND SECUNDINES *	Induced abortion by intra-amniotic injections, deliver of fetus
59851	INDUCED ABORTION, BY 1 OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS) INCLUDING HOSPITAL ADMISSION AND VISITS, WITH DILATION AND CURETTAGE, AND/OR EVACUATION *	Induced abortion by intra-amniotic injections, dilation and evacuation
59852	INDUCED ABORTION, INCLUDING HOSPITAL ADMISSION AND VISITS, WITH HYSTEROTOMY (FAILED INTRO-AMNIOTIC INJECTION) *	Induced abortion with hysterotomy
59855	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT DILATION, INCLUDING HOSPITAL ADMISSION AND VISITS *	Induced abortion by vaginal Suppositories
59856	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT DILATION, INCLUDING HOSPITAL ADMISSION AND VISITS, WITH DILATION AND CURETTAGE, AND/OR EVACUATION *	Induced abortion by vaginal Suppositories, with dilation, curettage, and/or evacuation
59857	INDUCED ABORTION, BY 1 OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT DILATION, INCLUDING HOSPITAL ADMISSION AND VISITS, WITH HYSTEROTOMY *	Induced abortion by vaginal Suppositories, with hysterotomy
59866	MULTIFETAL PREGNANCY REDUCTION(S) *	Multifetal pregnancy reduction(s)

* Excluded except in case where pregnancy was the result of rape, incest, or procedure is necessary to preserve the life of the mother.

Miscellaneous Exclusions

ERRP will not credit toward the program cost threshold or reimburse for claims submission purposes the following items and services.

CPT/HCPC	LONG DESCRIPTION	SHORT DESCRIPTION
97811	ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Acupunct w/o stimul addl 15m
97813	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	Acupunct w/stimul 15 min
97814	ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT, WITH RE-INSERTION OF NEEDLE(S) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	Acupunct w/stimul addl 15m
H2028	SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES	Sex offend tx svc, 15 min
H2029	SEXUAL OFFENDER TREATMENT SERVICE, PER DIEM	Sex offend tx svc, per diem
88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	Autopsy (necropsy), gross
88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD	Autopsy (necropsy), gross
88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN	Autopsy (necropsy), gross
88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	Autopsy (necropsy), gross
88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	Autopsy (necropsy), gross
88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	Autopsy (necropsy), complete
88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	Autopsy (necropsy), complete
88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD	Autopsy (necropsy), complete
88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	Autopsy (necropsy), complete
88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	Autopsy (necropsy), complete
88036	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIONAL	Limited autopsy
88037	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGLE ORGAN	Limited autopsy
88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	Forensic autopsy (necropsy)
88045	NECROPSY (AUTOPSY); CORONER'S CALL	Coroners autopsy (necropsy)

ERRP Treatment of Prescription Drugs

It is the plan sponsor's responsibility to determine if a drug could be covered by a standard Medicare Part D plan. For assistance in determining when a drug would be covered by a standard Medicare Part D plan, a sponsor should first review the Part D Formulary Guidance at: <http://www.cms.gov/PrescriptionDrugCovContra/Downloads/Chapter6.pdf>.

Specifically, the following agents are excluded from both Medicare Part D coverage, as well as credit or reimbursement under ERRP:

- Agents when used for anorexia, weight loss, or weight gain (even if used for a non-cosmetic purpose (i.e., morbid obesity)).
- Agents when used to promote fertility.
- Agents when used for cosmetic purposes or hair growth.
- Agents when used for the symptomatic relief of cough and colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Nonprescription drugs.
- Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- Barbiturates.
- Benzodiazepines.
- Agents when used for the treatment of sexual or erectile dysfunction (ED). ED drugs will meet the definition of a Part D drug when prescribed for medically-accepted indications approved by the FDA other than sexual or erectile dysfunction (such as pulmonary hypertension). However, ED drugs will not meet the definition of a Part D drug when used off-label, even when the off label use is listed in one of the compendia found in section 1927(g)(1)(B)(i) of the Act: American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information (or its successor publications), and DRUGDEX Information System.

In applying the above exclusions, plan sponsors should note that the following agents are not excluded:

- Prescription drug products that otherwise satisfy the definition of a Part D when used for AIDS wasting and cachexia due to a chronic disease, if these conditions are medically-accepted indications as defined by section 1927(k)(6) of the Act for the particular Part D drug. Specifically, CMS does not consider such prescription drug products being used to treat AIDS wasting and cachexia due to a chronic disease as either agents used for weight gain or agents used for cosmetic purposes.
- Drugs indicated for the treatment of psoriasis, acne, rosacea, or vitiligo are not considered cosmetic.
- Vitamin D analogs such as calcitriol, doxercalciferol, paricalcitol and dihydrotachysterol, when used for a medically-accepted indication as defined by section 1927(k)(6) of the Act, are not excluded because CMS interprets the exclusion of prescription vitamin D products as being limited to products consisting of ergocalciferol (vitamin D2) and/or cholecalciferol (vitamin D3).
- Prescription-only smoking cessation products.
- Prescription Niacin Products (Niaspan, Niacor).
- Cough and cold medications are eligible to meet the definition of a Part D drug and available for subsidies under ERRP in clinically relevant situations other than those of symptomatic relief of cough and colds. For example, when cough medications are used for a medically-accepted indication that treats a cough produced by a medical condition unrelated to symptomatic cough and cold. In such circumstances, such as the treatment of cough to alleviate bronchospasm in asthma, CMS does not consider these cough medications as excluded drugs.

Also, a sponsor may use the Food & Drug Administration (FDA) National Drug Codes (NDC) Directory to help it determine if a drug could be a Part D drug. If a drug is on the FDA's NDC Directory and otherwise meets the definition of a Part D drug, as discussed in CMS' Part D Formulary Guidance, the drug is likely a Part D drug. The FDA NDC Directory can be found at <http://www.accessdata.fda.gov/scripts/cder/ndc/default.cfm>.