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March 16, 2020

James Scott, Director
Division of Program Operations
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

Dear Mr. Scott,

The Rhode Island Executive Office of Health and Human Services (EOHHS) hereby submits a request, pursuant to Section 1135 of the Social Security Act, from the Centers for Medicare and Medicaid Services (CMS) to prevent the transmission of the Coronavirus Disease (COVID-19) to the extent possible. Ensuring access to care for our population is critical as we respond to COVID-19. The goal of the waiver request is to ensure that Medicaid members continue to receive medically necessary Medicaid-covered services while minimizing exposure to the virus. Due to the need for social distancing, EOHHS anticipates operating its Medicaid program with reduced staffing levels. Additionally, visitors to nursing homes are no longer being allowed in Rhode Island, meaning that elderly individuals do not have family assistance.

EOHHS' priority is to ensure that new Medicaid applications and renewals can be processed in a timely manner such that access to medically necessary, Medicaid-covered services is maintained. Therefore, pursuant to 42 CFR 435.912(e)(2), Rhode Island requests concurrence from CMS with EOHHS' intent to postpone the processing of annual Medicaid eligibility renewals for all Medicaid members that are scheduled to occur during the novel COVID-19 declaration of emergency, and postpone taking action on Medicaid eligibility determinations due to changes in circumstances affecting an individual's Medicaid eligibility for sixty (60) days or until the termination of the novel COVID-19 declaration of emergency, whichever is longer. We anticipate targeting this action first to our LTSS population. This includes the suspension of all periodic data checks for unemployment, SWICA, TALX, and other sources and suspension of quarterly Post-Eligibility Verification. This also includes suspension of adverse actions to respond to changes in any eligibility factors, including, but not limited to, income and age.

EOHHS wants to ensure that Medicaid members' access to care is not interrupted due to the reduced staff at EOHHS. EOHHS will be temporarily suspending most of the prior authorization requirements for Medicaid covered services until the termination of the novel COVID-19 emergency declaration. The only prior authorization requirements that will remain in place during this period shall be those for benefits that are identified in Attachment A. Additionally, EOHHS will be extending all prior authorizations that are currently in place until fifteen (15) days following the termination of the novel COVID-19 emergency declaration.

To further ensure that member's access to care is not interrupted due to potential provider shortages, EOHHS proposes to implement flexibilities in provider enrollment processes. EOHHS will permit

providers located out of state and/or out of network to enroll as Rhode Island Medicaid providers and provider care to Medicaid members. This flexibility is requested only for the duration of the COVID-19 emergency. Providers will still be required to enroll with Rhode Island Medicaid and must be enrolled in Medicare or in another state's Medicaid program. EOHHS will not require that the providers be licensed in the State of Rhode Island, but must be licensed in another state.

To facilitate these temporary provider enrollments in an expedited manner, EOHHS requests a waiver of (1) the application fee to temporarily enroll a provider, as required per 42 CFR 455.460; (2) the requirement to waive criminal background checks before enrolling a provider, as required per 42 CFR 455.434; and (3) the requirement to conduct site visits before enrolling a provider, as required per 42 CFR 455.432. Furthermore, EOHHS proposes to delay all provider enrollment revalidations, as required per 42 CFR 455.414, that are scheduled to occur during the State of Emergency.

EOHHS seeks to reduce exposure for agency workers, Medicaid members, and members of the public who would attend Medicaid fair hearings in the event of adverse determinations. Therefore, pursuant to 42 CFR 431.244(f)(4)(i)(B), EOHHS requests concurrence from CMS with EOHHS' intent to delay scheduling fair hearings and fair hearing decisions for sixty (60) days or until the termination of the novel COVID-19 declaration of emergency, whichever is longer. For Medicaid members whose request for a hearing meets the standard for an expedited fair hearing under 42 CFR 431.224, EOHHS intends to conduct hearings by telephone or video conference, whichever is most accessible for the Medicaid member.

We appreciate your assistance and look forward to working together to achieve our mutual goal of protecting the health and well-being of Rhode Islanders. If you would like to discuss this request, please contact Melody Lawrence, melody.lawrence@ohhs.ri.gov.

Sincerely,

Womazetta Jones
Secretary, Rhode Island Executive Office of Health and Human Services

**Attachment A: Benefits Requiring Prior Authorizations During COVID-19
Emergency**

Procedure Code	Description	PA Ind	Pgm Ind Code
11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	Y	
11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	Y	
11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	Y	
11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS	Y	
11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC	Y	
11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	Y	
11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC	Y	
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	Y	
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	Y	
15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	Y	
15781	DERMABRASION; SEGMENTAL, FACE	Y	
15782	DERMABRASION; REGIONAL, OTHER THAN FACE	Y	
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	Y	
15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	Y	
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS	Y	
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	Y	

15789	CHEMICAL PEEL, FACIAL; DERMAL	Y	
15790	CHEMICAL PEEL (CHEMEXFOLIATION); TOTAL FACE	Y	
15791	CHEMICAL PEEL (CHEMEXFOLIATION); REGIONAL, FACE, HAND, OR ELSEWHERE	Y	
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	Y	
15793	CHEMICAL PEEL, NONFACIAL; DERMAL	Y	
15810	SALABRASION; 20 SQ CM OR LESS	Y	
15811	SALABRASION; OVER 20 SQ CM	Y	
15820	BLEPHAROPLASTY, LOWER EYELID;	Y	
15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	Y	
15822	BLEPHAROPLASTY, UPPER EYELID;	Y	
15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	Y	
15824	RHYTIDECTOMY; FOREHEAD	Y	
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")	Y	
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	Y	
15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	Y	
17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	Y	
19499	UNLISTED PROCEDURE, BREAST	Y	
21137	REDUCTION FOREHEAD; CONTOURING ONLY	Y	
30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	Y	
69090	EAR PIERCING	Y	
99075	MEDICAL TESTIMONY	Y	
D8010	LIMITED ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Y	
D8020	LIMITED ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	

D8030	LIMITED ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Y	
D8040	LIMITED ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Y	
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE PRIMARY DENTITION	Y	
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION	Y	
D8071	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION (FIRST SIX MONTHS)	Y	
D8072	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION (SECOND SIX MONTHS)	Y	
D8073	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION (THIRD SIX MONTHS)	Y	
D8074	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE TRANSITIONAL DENTITION (FOURTH SIX MONTHS)	Y	
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION	Y	
D8081	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (FIRST SIX MONTHS)	Y	
D8082	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (SECOND SIX MONTHS)	Y	
D8083	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (THIRD SIX MONTHS)	Y	
D8084	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADOLESCENT DENTITION (FOURTH SIX MONTHS)	Y	
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION	Y	
D8091	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (FIRST SIX MONTHS)	Y	
D8092	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (SECOND SIX MONTHS)	Y	

D8093	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (THIRD SIX MONTHS)	Y	
D8094	COMPREHENSIVE ORTHODONTIC TREATMENT OF THE ADULT DENTITION (FOURTH SIX MONTHS)	Y	
D8110	REMOVABLE APPLIANCE THERAPY	Y	
D8120	FIXED APPLIANCE THERAPY	Y	
D8210	REMOVABLE APPLIANCE THERAPY	Y	
D8220	FIXED APPLIANCE THERAPY	Y	
D8360	REMOVABLE APPLIANCE THERAPY	Y	
D8370	FIXED APPLIANCE THERAPY	Y	
D8460	CLASS I MALOCCLUSION	Y	
D8470	CLASS II MALOCCLUSION	Y	
D8480	CLASS III MALOCCLUSION	Y	
D8560	CLASS I MALOCCLUSION	Y	
D8570	CLASS II MALOCCLUSION	Y	
D8580	CLASS III MALOCCLUSION	Y	
E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	Y	
E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	Y	
E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	Y	
E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	Y	
E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	Y	
E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING	Y	

E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, EACH	Y	
E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE	Y	
E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	Y	
E1210	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	Y	
E1211	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH SWING AWAY, DETACHABLE ELEVATING LEG REST	Y	
E1212	MOTORIZED WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	Y	
E1213	MOTORIZED WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	Y	
E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	Y	
E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	Y	
E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM	Y	
E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING	Y	
E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL	Y	
E2320	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, REMOTE JOYSTICK OR TOUCHPAD, PROPORTIONAL,	Y	
E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NON PROPORTIONAL, INCLUDING ALL RELATED	Y	
E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING	Y	

E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,	Y	
E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED	Y	
E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING	Y	
E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL	Y	
E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL	Y	
E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	Y	
E2399	POWER WHEELCHAIR ACCESSORY, NOT OTHERWISE CLASSIFIED INTERFACE, INCLUDING ALL RELATED ELECTRONICS AND ANY	Y	
K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	Y	
K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	Y	
K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	Y	
K0013	CUSTOM MOTORIZED POWER WHEELCHAIR	Y	
K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	Y	
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	Y	
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Y	
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y	
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Y	

K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y	
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Y	
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y	
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y	
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTIAN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y	
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y	
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	Y	
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y	
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	Y	
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	Y	
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	Y	
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	

K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	Y	
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	Y	
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	Y	
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Y	
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y	
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y	
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y	
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y	
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Y	
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Y	
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	Y	
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	Y	

K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	Y	
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	Y	
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	Y	
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	Y	
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Y	
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Y	
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Y	
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Y	
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	Y	
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	Y	

K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	Y	
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	Y	
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	Y	
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	Y	
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	Y	
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Y	
S5165	HOME MODIFICATIONS; PER SERVICE	Y	
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MBD080
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MCS010
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MDD040
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MDE010
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MHB010
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MSD010
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MSL010
S5165	HOME MODIFICATIONS; PER SERVICE	Y	MWA010
T1000	PRIVATE DUTY/ INDEPENDENT NURSING SERVICE(S)- LICENSED, UP TO 15 MINUTES	Y	MCC010
T1002	RN NURSE SERVICE/15 MINUTES	Y	
T1002	RN NURSE SERVICE/15 MINUTES	Y	MCE015
T1002	RN NURSE SERVICE/15 MINUTES	Y	MCE020
T1002	RN NURSE SERVICE/15 MINUTES	Y	MCE030

T1017	TARGETED CASE MANAGEMENT, EACH 15 MINUTES	Y	
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	Y	
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	Y	MCE015
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	Y	MCE020
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	Y	MCE025
T1019	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/	Y	MIP010
T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	Y	MBH090
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	MCE015
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	MCE020
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	MCE025
T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	MHP010
T1999	MISCELLANEOUS THERAPEUTIC ITEMS AND SUPPLIES, RETAIL PURCHASES, NOT OTHERWISE CLASSIFIED; IDENTIFY PRODUCT IN	Y	
T2003	NON-EMERGENCY TRANSPORTATION; ENCOUNTER/TRIP	Y	
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MBD080
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MCS010
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDD040
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDE010
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDE050
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MHB010
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MHB020
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MPS010
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MSD010

T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MSL010
T2028	SPECIALIZED SUPPLY, NOT OTHERWISE SPECIFIED, WAIVER	Y	MWA070
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MBD080
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MCS010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDD040
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDE010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MDE050
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MHB010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MHB020
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MPS010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MSD010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MSL010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MWA010
T2029	SPECIALIZED MEDICAL EQUIPMENT, NOT OTHERWISE SPECIFIED, WAIVER	Y	MWA070
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	Y	
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	Y	MHB010
T2038	COMMUNITY TRANSITION, WAIVER; PER SERVICE	Y	MRC010
T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	Y	
T4536	INCONTINENCE PRODUCT, PROTECTIVE UNDERWEAR/PULL-ON, REUSABLE, ANY SIZE, EACH	Y	

T4537	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, BED SIZE, EACH	Y	
T4539	INCONTINENCE PRODUCT, DIAPER/BRIEF, REUSABLE, ANY SIZE, EACH	Y	
T4540	INCONTINENCE PRODUCT, PROTECTIVE UNDERPAD, REUSABLE, CHAIR SIZE, EACH	Y	
T5001	POSITIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	Y	
T5999	SUPPLY, NOT OTHERWISE SPECIFIED	Y	
TI024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	Y	