ATTACHMENT A-1-c

CRITERIA #18 - ADDITIONAL EXPANDED BENEFITS TEMPLATE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Sub-category | Procedure Code  Description | Procedure/CPT Code | Min Age | Max Age | Current Florida  Medicaid  Coverage | Expanded Benefit Coverage (Units) |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1 of 1