



November 1, 2025

**UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST**

The following services require clinical review preauthorization for:
Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.
Please review the column that applies to the member's specific health benefit program regardless of place of service.

Code Changes Are Highlighted In Grey

IMPORTANT

This list represents those services that require preauthorization with a clinical medical necessity review.
It is NOT inclusive of all insurance products and procedures requiring preauthorization.
There may be services which require preauthorization / notification that do not require clinical review.
Please verify specific coverage requirements before rendering service.
These services require preauthorization regardless of place of service.

To initiate preauthorization requests please follow the below service contact information:

Please Note: There are some codes that require PA by diagnosis. These additional diagnosis details are now included in the last column of this document.

Behavioral Health, Medical & Durable Medical Equipment:

For All Lines Of Business please go to CareAdvance Provider by going to this URL,
<https://provider.excellusbcbs.com/authorizations/request-authorization>

CareCentrix

Phone Requests: Phone: 1-866-501-4659, Sunday through Saturday from 8:00 a.m. - 8:00 p.m.

EviCore:

Phone Requests: Phone: 1-888-333-9036, Monday through Friday from 7:00 a.m. - 7:00 p.m.

Internet Request: <https://provider.excellusbcbs.com/authorizations/medical/evicore-healthcare>

Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at www.eviCore.com

Services for Musculoskeletal (MSK) require prior authorization via EviCore for Fully Insured

Commercial and Medicare Advantage Policies.

This service will exclude all Self Funder Membership and Safety Net including Essential

Plans. Please review each code to determine if authorization is required through Univera

Healthcare for the EviCore exclusion

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code		Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH/Medical	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	H0004	0911		Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required	Not Required	
BH	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	
BH	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	
BH	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	
BH	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required, If out of NYS, Authorization is Required)	
BH	H0036	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	
BH	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	
BH	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	
BH	H0038	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code		Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH	H0038	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H0038	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2012	None		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH Continuing Day Treatment	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	H2014	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2014	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2014	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2014HA	0240	8012	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUK	0900	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUK	0911	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUN	0240	8013	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUP	0240	8014	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUKU N	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUKU N	0911	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2014HAUKU P	0900	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code		Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH	H2014HAUKUP	0911	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HA	0900	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HA	0911	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2017	None		Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2017	0900		Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2017	0911		Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	H2023	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	H2023	0900		Not Required	Not Required	Not Required	(only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
BH	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
BH	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	S0201	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	
BH	SS150			Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code		Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
				(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HN EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
EviCore/Medical (MSK)	63650			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	63655			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	63663			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	63664			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	63685			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	64451			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	64624			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	64625			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	64628			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	64629			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	64632			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	C9757			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	M0076			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	S2118			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	S2348			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.				Required	Required	Required	Required	Required	Required	Required	Required	
Acute Rehab/ SNF Admissions	Acute Rehab/ SNF Admissions			Required	Required	Required through CareCentrix	Required	Required	Required	Required	Required	
Medical	0096M			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	0097M			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	0012M			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0013M			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	0015M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0016M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0018M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0019M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0020M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0011U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0005U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0017U			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	0040U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0026U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0027U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0030U			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	0034U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0035U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0036U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0037U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0045U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0047U			Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	0055U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0060U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0070U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	0071U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0072U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0073U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0074U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0075U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0076U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0080U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0087U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0088U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	0089U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	0090U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0092U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	0101U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0102U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0103U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0118U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0129U			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	0130U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	0131U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue Code		Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
				(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
Medical	S3846			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3849			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3850			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3851			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3853			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3854			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	S3861			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	S3865			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required
Medical	S3866			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	Required
Medical	S5102			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	Required
Medical	S5105			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	S5130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	Required
Medical	S5165			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	S5199			Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required	
Medical	S8080			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	S9025			Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	S9059			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	S9067			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	S9123			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	S9124			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	S9125			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	S9126			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9127	None		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	S9127	780		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	S9127	789		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9128	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9130			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	S9152			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	T1000			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	T1001	None		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	T1001	780		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	T1001	789		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	T1002			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	T1003			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	T1021			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	T1031			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	