



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.excellusbcs.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.excellusbcs.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 Funded Membership and Safety Net including Essential Plans. Please review each code to determine if authorization is required through Univera Healthcare for the EviCore exclusions

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/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	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	Not Required	Notification Required	Not Required	Not Required	Not 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)	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)	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)	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)	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	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
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	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
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	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
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)	Not Required	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 (PRT)	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 (PRT)	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	H2014HAUKUN	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	H2014HAUKUN	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	H2014HAUKUP	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	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	H2017	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	H2017	0911		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	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	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)	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	S5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	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)
EvCore/Medical (MSK)	63650		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Required	Required	Required	
EvCore/Medical (MSK)	63655		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Required	Required	Required	
EvCore/Medical (MSK)	63663		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	63664		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	63685		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	64451		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Required	Required	Required	
EvCore/Medical (MSK)	64624		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	64625		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Required	Required	Required	
EvCore/Medical (MSK)	64628		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	64629		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	64632		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	C9757		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Required	Required	Required	
EvCore/Medical (MSK)	M0076		Required through EvCore	Not Required	Required through EvCore	Required through EvCore	Not Required	Required	Not Required	Not Required	
EvCore/Medical (MSK)	S2118		Required through EvCore	Required	Required through EvCore	Required through EvCore	Not Required	Not Required	Not Required	Not Required	
EvCore/Medical (MSK)	S2348		Required through EvCore	Required	Required through EvCore	Required through EvCore	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.	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 CareCentrx	Required	Required	Required	Required	Required	
Medical 0006M			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical 00074			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical 0012M			Required	Required	Required	Required	Not Required	Required	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	Not 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 0001U			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	Required	Not Required	Not Required	
Medical 0018U			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	Not 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	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 0110U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical 0129U			Required	Required	Not 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 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)
Medical	63661		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	64450		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	64454		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	64553		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	64555		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	64561		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	64568		Required	Required	Required	Required	Not Required	Not Required	Not Required	Required	
Medical	64580		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	64581		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	64582		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	64583		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	64594		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	64590		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	64596		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	64640		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	64821		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	64822		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	64823		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	64999		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: G40.001,G40.009,G40.01,G40.011,G40.019,G40.1,G40.10,G40.101,G40.109,G40.11,G40.111,G40.119,G40.2,G40.201,G40.209,G40.21,G40.211,G40.219,G40.301,G40.309,G40.31,G40.311,G40.319,G40.A01,G40.A09,G40.A1,G40.A11,G40.A19,G40.B01,G40.B09,G40.B1,G40.B11,G40.B19,G40.401,G40.409,G40.41,G40.411,G40.419,G40.501,G40.509,G40.801,G40.802,G40.803,G40.804,G40.81,G40.811,G40.812,G40.813,G40.814,G40.82,G40.821,G40.822,G40.823,G40.824,G40.83,G40.833,G40.834,G40.89,G40.9,G40.901,G40.909,G40.91,G40.911,G40.919,M17.0,M17.1,M17.2,M17.3,M17.4,M17.5,M17.6,M17.8,M17.9,M25.561,M25.562,M25.563,M25.564,M25.565,M25.566,M25.567,M25.568,M25.569
Medical	66179		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	66180		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	66183		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	66999		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	66991		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	67715		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	67900		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	67901		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	67902		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	67903		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	67904		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	67906		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	67908		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	67909		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	67911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67914		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67915		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67916		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67917		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67921		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67922		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	67923		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	67924		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67938		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67950		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	67999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	68941		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	69300		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	69705		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	69706		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	69714		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	69716		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	69717		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	69719		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	69729		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	69730		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	69799		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	69930		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	75894		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: I86.2, N94.89, R10.2
Medical	76497		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	77086		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	81120		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	81121		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	81162		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	81163		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81164		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	81165		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	81166		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	81167		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	81171		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	81172		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	81175		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81177		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81178		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81179		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81180		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	81181		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

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Medical	53846		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53849		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53850		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53852		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53853		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53854		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	53861		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	53865		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	53866		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	55102		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	55105		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	55130		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	55165		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	55199		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	58080		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	59025		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	59055		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	59097		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	59122		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	59123		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59124		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59125		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	59126		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59127	None	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	59127	780	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	59127	789	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	59128	None	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59128	780	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59128	789	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59129	None	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59129	780	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59129	789	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	59131		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	59152		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	59969		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	59961		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	T1000		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	T1001	None	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	T1001	780	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	T1001	789	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	T1002		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	T1003		Not Required	Not Required	Not Required	Not 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	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	Required	Required	Required	Required	