



January 1, 2026

**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** indicative 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.excelusbcbs.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 Requests: <https://provider.excelusbcbs.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 Health Plan for the EviCore exclusions

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate 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	Behavioral Health (Psychology)	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	08897			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	08907			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	08917			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	08927			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
BH	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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)	

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BH	Behavioral Health (Psychology)	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)	
BH	Behavioral Health (Psychology)	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)	
BH	Behavioral Health (Psychology)	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)	
BH	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	H2012	None		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH	Behavioral Health (Psychology)	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	Behavioral Health (Psychology)	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	

[illegible]

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DME	Bone and Joint (Orthopedics)	E0747			Required		Required	Required	Not Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0748			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0749			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0760			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0764			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Digestive System (Gastroenterology)	E0765			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Cancer Treatment (Oncology)	E0766			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0781			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0782			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0783			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E0784			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0785			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0791			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0856			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0912			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0935			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0936			Required		Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0941			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1002			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1003			Required		Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1004			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1005			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1006			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1007			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1008			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1009			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1011			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1016			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1022			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1023			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1031			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1036			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1038			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1039			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1050			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1060			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1070			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1086			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1087			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1088			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1089			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1090			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1092			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1110			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1130			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1140			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	

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DME	Durable Medical Equipment	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0455			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Heart and Blood Vessel (Cardiovascular)	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Skin (Dermatology)	K0743			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0807			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0808			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0813			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0814			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0816			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0821			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0823			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0824			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0825			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0826			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0827			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0828			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0829			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0830			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0831			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0835			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0836			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0837			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0838			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0839			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

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DME	Bone and Joint (Orthopedics)	L0631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0632			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0635			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0636			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0637			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0639			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0640			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0720			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0859			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L0999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1001			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1005			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1007			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1681			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1685			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1686			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1690			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1720			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1730			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1755			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1832			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1833			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1834			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1840			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1843			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1844			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1846			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1860			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1933			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1945			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1951			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1952			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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DME	Durable Medical Equipment	L5785			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5795			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5810			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5811			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5812			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5814			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5816			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5818			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5822			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5824			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L5827			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5828			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5856			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5857			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5858			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5859			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5920			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5930			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5950			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5961			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5962			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5964			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5966			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5968			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5969			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5973			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5976			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5979			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5980			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5981			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5982			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5984			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5986			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5987			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5988			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5990			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5991			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6026			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L6034			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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DME	Durable Medical Equipment	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7366			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L7368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7404			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L7405			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5000			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5848			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Urinary System(Genitourinary)	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2 & Z1505
DME	Durable Medical Equipment	L8610			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8615			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8619			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8627			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8628			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8692			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8693			Not Required	Not Required	Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1030			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1035			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1036			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1037			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Childrens Health (Pediatric)	S1040			Required	Required	Not Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	S5160			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	S5161			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Food (Nutrition)	S9433			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4521			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4522			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4523			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4524			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4525			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4526			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4527			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4528			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4529			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4530			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4531			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4532			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

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Medical	Digestive System (gastroenterology)	0558U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0562U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0567U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0568U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0569U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0571U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0572U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0573U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0575U			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Laboratory	0576U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	0578U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0582U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0583U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0585U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0586U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0591U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0592U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0596U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0597U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0599U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0605U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0609U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0613U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0071T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0072T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0075T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0076T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0102T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0174T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Radiology (Imaging) Services	0175T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0220T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	0221T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	0232T			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0278T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Blood Disorder (Hematology)	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0345T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0397T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0441T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0442T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0446T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0447T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0448T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0449T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0474T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0525T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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Medical	Heart and Blood Vessel (Cardiovascular)	0569T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	0584T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0585T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0586T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0607T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0608T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0620T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0671T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0693T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0695T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Alternative Medicine	0720T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

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Medical	Experimental and Investigational Procedures/ Services	088T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0897T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0898T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0908T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0911T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0912T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0941T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0942T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0943T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0963T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0977T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0988T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0999T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1000T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1001T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11920			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	11950			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11951			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11952			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11954			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	13100			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	13101			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	13102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13131			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13133			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13151			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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Medical	Reconstructive Surgery and/or Cosmetic Services	15773			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All Diagnosis Codes EXCEPT : C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.1, D05.10, D05.11, D05.12, D05.8, D05.80, D05.81, D05.82, D05.9, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z15.01, Z15.02, Z15.03, Z15.04, Z15.09, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	15774			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All Diagnosis Codes EXCEPT : C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.1, D05.10, D05.11, D05.12, D05.8, D05.80, D05.81, D05.82, D05.9, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, Z15.01, Z15.02, Z15.03, Z15.04, Z15.09, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	15775			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15776			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15780			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15781			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15782			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15783			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15788			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15789			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15792			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15793			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15821			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15822			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15823			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15824			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15825			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15826			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15828			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15829			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15830			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15832			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15833			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15834			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15835			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15836			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15837			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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Medical	Reconstructive Surgery and/or Cosmetic Services	15838			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15839			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15847			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15876			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15877			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15878			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15879			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17106			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17107			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17108			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17360			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17380			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	19105			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19300			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19316			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19318			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19325			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19328			Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate 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	Reconstructive Surgery and/or Cosmetic Services	19330			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19340			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19342			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19350			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19355			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	19357			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1,

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Medical	Bone and Joint (Orthopedics)	20975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	20982			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	20983			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21123			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21125			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21127			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21137			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21138			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21139			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	21141			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21142			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21143			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21145			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21146			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21147			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Sleep Medicine	21150			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21151			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21154			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21155			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21172			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21175			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21179			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21183			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21184			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21188			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21193			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21194			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21195			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21196			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21198			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21199			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21206			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21208			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21209			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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Medical	Bone and Joint (Orthopedics)	29804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30117			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30400			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30410			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30420			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30435			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30462			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30468			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	30469			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30520			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30801			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30999			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31243			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31295			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31296			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31297			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Lungs (Respiratory)	31626			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	32664			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	32851			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32853			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32854			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	32998			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33202			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33254			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33255			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33258			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33265			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33266			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33269			Not Required	Not Required	Required	Required	Required	Required	Required	Required	

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Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34845			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	36522			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37241			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	37242			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: N40.1
Medical	Radiation Therapy	37243			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37718			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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Medical	Reconstructive Surgery and/or Cosmetic Services	37760			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37761			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37765			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37780			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37785			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	37788			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	37790			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	38204			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38205			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38206			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	38207			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38208			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38209			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38210			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	38211			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38214			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38215			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Transplants	38221			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Transplants	38230			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38232			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38240			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38241			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38242			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	38243			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Staple Medicine	41512			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Staple Medicine	42145			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42825			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42831			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42836			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43192			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43210			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43290			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43291			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	43497			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43644			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43645			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43647			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43648			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43659			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43770			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43771			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43772			Required	Required	Required	Required	Required	Required	Required	Required	

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Medical	Digestive System (Gastroenterology)	43773			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43774			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43775			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43842			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43843			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43845			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43846			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43847			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43848			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43860			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43865			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43881			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43882			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43886			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43887			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43888			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43889			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	44132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	44133			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	44135			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	44136			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	44705			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	46707			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	46999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47000			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: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology)	47001			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: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology)	47100			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: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Transplants	47133			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	47135			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants	47140			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	47141			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	47142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47370			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47371			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47379			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Cancer Treatment (Oncology)	47380			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47381			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	47383			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47562			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	47564			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	47605			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	48160			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Transplants	48550			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	48551			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	48552			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	48554			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants	48556			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Transplants	50300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	50320			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50325			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	50328			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	50329			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	50340			Required	Required	Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	50360			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50365			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Transplants	50370			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	50380			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

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Medical	Experimental and Investigational Procedures/ Services	50542			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	50547			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Urinary System(Genitourinary)	50590			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50592			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50593			Required	Required	Required	Required	Not Required	Not Required	Required	Not Required	
Medical	Urinary System(Genitourinary)	51715			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	52284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52441			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52442			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52597			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53854			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53865			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	53866			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	54220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54231			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54235			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54240			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54400			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54401			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54405			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54406			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54408			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54410			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54411			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54415			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54416			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	54680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	55870			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55877			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55880			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55970			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55980			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56620			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Gender Affirmation	56805			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Women's Health (Obstetrics & Gynecology)	58150			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58152			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58180			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58260			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58262			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A

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[illegible]

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	Bone and Joint (Orthopedics)	63305			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63306			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63307			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63308			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63661			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	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	Bone and Joint (Orthopedics)	64454			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	64553			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64555			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64561			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64567			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64568			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64581			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	64582			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64583			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64584			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64590			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64596			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	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	Reconstructive Surgery and/or Cosmetic Services	64821			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64823			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	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, G40.401, G40.409, G40.41, G40.411, G40.419, G40.801, G40.809, G40.81, G40.811, G40.819, 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, G40.831, 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, M25.268, M25.569
Medical	Eyes (Ophthalmology)	66179			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66989			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66991			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67900			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67901			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67902			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67903			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67904			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67906			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67908			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67909			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67911			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67914			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	Reconstructive Surgery and/or Cosmetic Services	67915			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67916			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67917			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67921			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67922			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67923			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67924			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67938			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	68841			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	69300			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69705			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69706			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69714			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69716			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69717			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69719			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69729			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69730			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69799			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69930			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Radiation Therapy	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	Radiology (Imaging) Services	76497			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	77086			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Genetic Testing	81120			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81121			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81162			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81163			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81164			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81165			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81166			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81167			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81171			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81172			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81175			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81177			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81178			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81179			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81181			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81182			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81184			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81185			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81186			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81187			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81188			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81190			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81191			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81192			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81193			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81194			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81200			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	

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Medical	Skin (Dermatology)	A2011			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2012			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2013			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2014			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2015			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2017			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2018			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2019			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2020			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2026			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2027			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2028			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2029			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2030			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2031			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2032			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2033			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2034			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2035			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	A4238			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A6512			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	A9156			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9268			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9269			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	A9292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	A9697			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9900			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Food (Nutrition)	B9999			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1767			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1783			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	C1820			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1822			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	C1825			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1827			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	C1832			Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C2614			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	C2618			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: C61, C79.82, D07.5, 285.46
Medical	Heart and Blood Vessel (Cardiovascular)	C2624			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C2622			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C5273			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	C5277			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9354			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9356			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	C9227			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	C9734			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	C9784			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9785			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Clinical Trials *	C9792			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9796			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	E0470			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0471			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0601			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	E0769			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	E1399			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E3000			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Hospice Services	G0182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	G0255			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

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Medical	Bone and Joint (Orthopedics)	G0276			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	G0341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0342			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0343			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0422			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	G0423			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Sleep Medicine	G0429			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	G0455			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	G0460			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	G0465			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Alternative Medicine	H0051			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	J0270			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J0275			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2440			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	J3570			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	J7330			Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	J7402			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	K0898			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L1320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	L1499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L2006			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L2999			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L3649			Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L3999			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L6805			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	L7259			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L8499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8603			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8604			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8606			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology)	L8612			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	M0075			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Blood Disorder (Hematology)	M0300			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9020			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q2026			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4101			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4104			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4105			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4106			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4107			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4108			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4110			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4111			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4112			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4113			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4114			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4115			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4116			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4117			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4118			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4121			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Skin (Dermatology)	Q4122			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4123			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4124			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4125			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4126			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4127			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4128			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4130			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4132			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4133			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4134			Not Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4135			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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Medical	Therapy and Rehabilitation	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9131			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	S9152			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transportation	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	T2001			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2004			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	T2005			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	T2007			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Only for Moving Assistance/Community transition, for HCBS or CFCD program)	Required (Only required for Moving Assistance/Community transition, for CFCD program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required	
Medical	Hospice Services	T2042			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2043			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2044			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2046			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2399			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2799			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5364			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0651		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0652		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0655		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0656		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0657		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0659		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Neonatal Intensive Care	NONE	0172		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0173		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0174		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0179		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	