



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 inclusive of all insurance products and procedures requiring preauthorization.

There may be services which require preauthorization / notification that do not require clinical review.

Please verify specific coverage requirements before rendering service.

These services require preauthorization regardless of place of service.

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

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

Behavioral Health, Medical & Durable Medical Equipment:

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

CareCentrix

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

EviCore:

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

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

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

Services for Musculoskeletal (MSK) require prior authorization via EviCore for Fully Insured Commercial and Medicare Advantage Policies.

This service will exclude all Self Funded Membership and Safety Net including Essential Plans. Please review each code to determine if authorization is required through Univera Healthcare for the EviCore exclusions

Is the code BH, DME, eviCore, or Medical?	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)	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0892T			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)			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)			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)		
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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)			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)		
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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)			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)		

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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)	
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	
	Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not 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	
	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)	H2014HAUKUN	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	

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BH	Behavioral Health (Psychology)	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S0201	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		
BH	Behavioral Health (Psychology)	S5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
BH	Behavioral Health (Psychology)	S5150HA	0900	8023	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HA	0911	8023	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAHKH	Q	0900	8026	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAHKH	Q	0911	8026	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAHQ	0900	8027	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAHQ	0911	8027	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAET	0900	8028	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAET	0911	8028	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAUN		8065	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAUN	0900	8065	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HAUN	0911	8065	Not Required	Not Required	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	
BH	Behavioral Health (Psychology)	S5150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

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	DME	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0841			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0842			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0843			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0848			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0849			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
	DME	K0850			Required	Required	Required	Required	Required	Required	Required	Required	
	DME	K0851			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0852			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0853			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
	DME	K0854			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0855			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0856			Required	Required	Required	Required	Not Required	Required	Required	Required	
	DME	K0857			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
	DME	K0858			Required	Required	Required	Required	Required	Required	Required	Required	
	DME	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0860			Required	Required	Required	Required	Required	Required	Required	Required	
	DME	K0861			Required	Required	Required	Required	Required	Required	Required	Required	
	DME	K0862			Required	Required	Required	Required	Required	Required	Required	Required	
	DME	K0863			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0864			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0866			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0870			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0871			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0877			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	K0885			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0886			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0890			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K0891			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	DME	K1035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	DME	K1036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	DME	K1037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	DME	L0112			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0456			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	L0457			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	L0468			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	L0469			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0470			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0480			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0482			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	L0484			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0486			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	DME	L0488			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0490			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	DME	L0491			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

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					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	L7181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
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	LS5848			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)	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, D05.0, D05.01, D05.02, D05.10, D05.11, D05.12, D05.8, D05.81, D05.82, D05.90, D05.91, D05.92, D05.93, D05.94, D24.1, D24.2, D24.3, Z15.0, Z15.01, Z15.02, Z46.0, Z46.01, Z46.03, Z46.2, Z70.3, Z70.4, Z70.5, Z70.7, Z70.9, Z70.10, Z90.11, Z90.12, Z90.14, C5040, C5041, C5042 & 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	Not 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	Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Required	Not Required	
DME	Diabetes (Endocrinology)	S1035			Required	Required	Not Required	Not Required	Required	Required	Required	Not Required	
DME	Diabetes (Endocrinology)	S1036			Required	Required	Not Required	Not Required	Required	Required	Required	Not Required	
DME	Diabetes (Endocrinology)	S1037			Required	Required	Not Required	Not Required	Required	Required	Required	Not Required	
DME	Childrens Health (Pediatric)	S1040			Required	Required	Not Required	Not 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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
Medical	Experimental and Investigational Procedures/ Services	0860T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0864T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0868T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0869T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0870T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0871T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0872T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0873T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0874T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0875T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0876T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0881T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0884T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0885T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0886T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0888T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Great 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	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	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11920			Not Required	Not Required	Not 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, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.711, C50.712, C50.719, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, C84.7B, D05.00, D05.01, D05.03, 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, C5040, C5041, C5042, 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	Not Required	Required	Not Required	Required	

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Medical	Bone and Joint (Orthopedics)	24362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	24363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	24366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	24370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	24371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	25441			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	25442			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	25443			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	25444			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	25445			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	25446			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	25447			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	25449			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	26530			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	26531			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	26535			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	26536			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27437			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27445			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27702			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27703			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	28446			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	28890			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	29800			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	Required	Not Required	Not Required	Required	Required	Required	

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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	Required	Not Required	Required	Required	Required	
Medical	Transplants	32851			Required	Required	Not Required	Not Required	Not Required	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	Required	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	
Medical	Miscellaneous & Unlisted Codes	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33277			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33278			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33279			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33280			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33287			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33340			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33361			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33362			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33363			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33364			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33365			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33366			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33367			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33368			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33406			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33410			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33411			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	33412			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33413			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33418			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33419			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33927			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

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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	
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	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	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	Not 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	Required	Required	Required	
Medical	Transplants	38221			Not Required	Not Required	Not Required	Not Required	Not Required	Required	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	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38243			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	41512			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep 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	

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 & HNT 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	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 Products and 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	
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			Required	Required	Not Required	Not Required	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

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 & HNT 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	Women's Health (Obstetrics & Gynecology)	58572			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, C79.6, C51.8, 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, C57.0, C57.1, C57.2, C57.3, C57.4, C57.5, C57.6, C57.7, C57.8, C57.9, C58, C59.2, C59.3, C73.2, C77.5, C79.6, 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, Z8544, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58573			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, C79.6, C51.8, 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, C57.0, C57.1, C57.2, C57.3, C57.4, C57.5, C57.6, C57.7, C57.8, C57.9, C58, C59.2, C59.3, C73.2, C77.5, C79.6, 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, Z8544, Z8600A
Medical	Cancer Treatment (Oncology)	58580			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	Cancer Treatment (Oncology)	58674			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	Women's Health (Obstetrics & Gynecology)	58752			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60660			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60661			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61630			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61635			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61715			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	61736			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	61737			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61860			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61863			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61864			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61867			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61868			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61880			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61885			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61886			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61888			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	62369			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	62370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63003			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63046			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63055			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63064			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63066			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63077			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63078			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63085			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63086			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63101			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63170			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63172			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63173			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63185			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63190			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63191			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	

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Medical	Bone and Joint (Orthopedics)	63197			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63200			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63250			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63251			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63252			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63266			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63268			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63270			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63271			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63273			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63276			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63278			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63281			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63282			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63283			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63286			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63287			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63300			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63301			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63302			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63303			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63304			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
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	Not Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & PMS)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
Medical	Genetic Testing	81459			Required	Required	Required	Required	Required	Required	Required	Required	Required
Medical	Genetic Testing	81460			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81462			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81463			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81464			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81465			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81470			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81471			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81473			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	81490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	81506			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81518			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81519			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81520			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81521			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81523			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81523			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81529			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81535			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	81536			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	81538			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	81539			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81540			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81541			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81542			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81546			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81551			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81552			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81554			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	81595			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81599			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	84433			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	86152			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Laboratory	86153			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	88120			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Laboratory	88121			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	88240			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	88261			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	88263			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	88264			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	88267			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	88271			Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	
Medical	Genetic Testing	88275			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Laboratory	88361			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Women's Health (Obstetrics & Gynecology)	89251			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Women's Health (Obstetrics & Gynecology)	89253			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	89290			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	89291			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	91110			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91111			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91113			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	92145			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	92310			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	92311			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	92313			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	92507			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	92508			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	92517			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92518			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92519			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	92526			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	92549			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	92972			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93025			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	93150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93151			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93153			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93264			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93452			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93454			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93458			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93459			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

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					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNT EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
Medical	Food (Nutrition)	B9999		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1767		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1783		Required	Required	Not 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	Not Required	Required	Required	
Medical	Nervous System (Neurology)	C1820		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1821		Not Required	Not Required	Not Required	Not Required	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	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	C1825		Required	Required	Not 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	Not Required	
Medical	Examinations and Investigations/ Procedures/ Services	C1832		Not Required	Not Required	Required	Not 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	Not Required	
Medical	Urinary System(Genitourinary)	C2618		Required	Required	Not Required	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, Z85.46
Medical	Heart and Blood Vessel (Cardiovascular)	C2624		Required	Required	Not 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	Not Required	
Medical	Skin (Dermatology)	C5277		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	C9354		Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9356		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9363		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	C9727		Required	Required	Not 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	Required	
Medical	Digestive System (Gastroenterology)	C9785		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Clinical Trials *	C9792		Required	Required	Required	Required	Not Required	Not 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	Not Required	
Medical	Bone and Joint (Orthopedics)	C9817		Not Required	Not Required	Required	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	Required	
Medical	Sleep Medicine	E0470		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0471		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0601		Not Required	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	Not Required	
Medical	Durable Medical Equipment	E1399		Required	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	Not Required	
Medical	Hospice Services	G0182		Not Required	Not Required	Not Required	Not Required	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	Required	
Medical	Bone and Joint (Orthopedics)	G0276		Not Required	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	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299		Not Required	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	Not Required	Required	Not Required	Not Required	
Medical	Transplants	G0341		Required	Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	G0342		Required	Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	G0343		Required	Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0422		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0423		Required	Required	Not Required	Not Required	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	Not Required	
Medical	Sleep Medicine	G0429		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	G0455		Required	Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	G0460		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	G0465		Required	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Alternative Medicine	H0051		Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	J0270		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	J0275		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2440		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	J2760		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Diagnostic and Investigational Procedures/ Services	J3570		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	J7330		Not Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	J7402		Required	Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	K0898		Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	K0899		Required	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	Not Required	
Medical	Bone and Joint (Orthopedics)	L1499		Required	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L2006		Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

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Medical	Transplants	S2140			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2152			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	S2202			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S2235			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	S2300			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3841			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3844			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3846			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3849			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3850			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3854			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	S3861			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5102			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S5105			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5165			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5199			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Radiology (Imaging) Services	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9124			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9125			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9126			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	None		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
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	Not Required	Required	Not Required	Required	Required	

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					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & POS+)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
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 CFCO program)	Required (Only required for Moving Assistance/Community transition, for CFCO 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	VS362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	VS363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	VS364			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	