

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.

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

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

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

Services for Musculoskeletal (MSK) require prior authorization via EviCore for Fully Insured Commercial and Medicare Advantage Policies. This service will exclude all Self Funded Membership and Sofety Net including Essential Plans. Please review each code to determine if authorization is required through Univera Health Plan for the EviCore exclusions

					Commercial Fully Insured	Commercial Self Funded						Cofety, Not	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(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	
ВН	Behavioral Health (Psychology)	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology) Behavioral Health	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	(Psychology) Behavioral Health	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology) Behavioral Health	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology) Behavioral Health	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	(Psychology) Behavioral Health	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology) Behavioral Health	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology) Behavioral Health	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology) Behavioral Health	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	(Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required PLEASE READ IN FULL	Not Required PLEASE READ IN FULL	Not Required PLEASE READ IN FULL	Notification Required	Not Required	
ВН	Behavioral Health (Psychology)	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	(If a service is Rendered in NYS,	(If a service is Rendered in NYS, Notification is Required.	(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)	
ВН	Behavioral Health (Psychology)	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		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)	
ВН	Behavioral Health (Psychology)	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	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)	

					Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
ВН	Behavioral Health (Psychology)	H0036	0900		HNY EPO) 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)	
ВН	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)	
ВН	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)	
ВН	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)	
ВН	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)	
ВН	Behavioral Health (Psychology)	H2012	None		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
ВН	Behavioral Health (Psychology)	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	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)	
ВН	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)	
ВН	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)	
ВН	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 intial 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	
ВН	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 intial 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 intial service period.	Not Required	
ВН	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 intial 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	
ВН	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 intial 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	
ВН	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 intial 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	
ВН	Behavioral Health (Psychology)	H2014HAUKU N	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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	
ВН	Behavioral Health (Psychology)	H2014HAUKU N	0911	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
ВН	Behavioral Health (Psychology)	H2014HAUKU P	0900	8005	HNY EPO) Not Required	POS) 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	
ВН	Behavioral Health (Psychology)	H2014HAUKU P	0911	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HA	0900	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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	
ВН	Behavioral Health (Psychology)	H2015HA	0911	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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	
ВН	Behavioral Health (Psychology)	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2017	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
вн	Behavioral Health (Psychology)	H2017	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
вн	Behavioral Health (Psychology)	H2017	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H2023	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0900		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial 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	
ВН	Behavioral Health (Psychology)	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO,	Self Funded (Commercial Products, but not	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)
					EPO, POS &	limited to: HMO, PPO, EPO & POS)						r rogram	
ВН	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	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization	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	Required) Not Required	is Required) Required	is Required) Not Required	Required	Required	
ВН	Behavioral Health (Psychology)	S5150HA	0900	8023	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HA	0911	8023	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HAHKH Q	0900	8026	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 intial 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	
ВН	Behavioral Health (Psychology)	S5150HAHKH Q	0911	8026	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 intial 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	
ВН	Behavioral Health (Psychology)	S5150HAHQ	0900	8027	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HAHQ	0911	8027	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HAET	0900	8028	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HAET	0911	8028	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HAUN		8065	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 intial 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 intial service period.	Not Required	
вн	Behavioral Health (Psychology)	S5150HAUN	0900	8065	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 intial 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	
ВН	Behavioral Health (Psychology)	S5150HAUN	0911	8065	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology)	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
ВН	Behavioral Health (Psychology)	S5151HA	0900	8024	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 intial 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 intial service period.	Not Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(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	Health and Recovery Program	Diagnosis Requirements (if applicable)
ВН	Behavioral Health (Psychology)	S5151HA	0911	8024	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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAHK	0900	8025	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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAHK	0911	8025	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAET	0900	8029	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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAET	0911	8029	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAETH K	0900	8030	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 intial service period.		Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAETH K	0911	8030	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAUN		8066	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAUN	0900	8065	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HAUN	0911	8065	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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	59480	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	0905		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)	T2013	0900		Not Required	Not Required	Not Required	Required (only if the member is also a	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2013	0911		Not Required	Not Required	Not Required	member of HARP) Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2015	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2015	0900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2015	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2015HA	0900	8006	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 intial 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 intial service period.	Not Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	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)
ВН	Behavioral Health (Psychology)	T2015HA	0911	8006	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	
ВН	Behavioral Health (Psychology)	T2015HAUN	0900	8007	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	T2015HAUN	0911	8007	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	T2015HAUP	0900	8008	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 intial 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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	T2015HAUP	0911	8008	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 intial 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 intial service period.	Not Required	
ВН	Therapy and Rehabilitation	T2017	0900		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Therapy and Rehabilitation	T2017	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Therapy and Rehabilitation	T2019	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Therapy and Rehabilitation	T2020HA	0240	7933	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 intial service period.	Not Required	
ВН	Therapy and Rehabilitation	T2020HAUN	0240	7934	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 intial service period.	Not Required	
ВН	Therapy and Rehabilitation	T2020HAUP	0240	7935	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	
ВН	Behavioral Health (Psychology)		0124		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)		0126		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)		0128		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)		1002		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
ВН	Behavioral Health (Psychology)		1001		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
DME	(Gastroenterology)	A4239			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	A4520			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4540			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4542			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4554			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	A4560		1	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

			1		Commercial								
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)						. rogium	
DME	Durable Medical Equipment	A4575			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	A4593			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4594			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	A6501			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A6503			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A6507			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A8002			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Equipment Durable Medical	A8002			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Equipment Skin (Dermatology)	A9272			Not Kequired Required	Not kequired Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9274			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Diabetes (Endocrinology)	A9276			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9277			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9278			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical	A9280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A9281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A9282			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Food (Nutrition)	B9004			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0193	L		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0194			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0215			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0217			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical	E0240			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0245			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0255			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DMF	Equipment Durable Medical	F0256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0260			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0261			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0261			Not Required			-		· · · · · · · · · · · · · · · · · · ·		-	
	Equipment Durable Medical				·	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0274			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0277			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0290			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0291			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E0292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0294			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0295			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0296			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0297			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0301			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0302			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0303			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0304			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0316			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	E0328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0372			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	F0445			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0446			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Sleep Medicine	E0446	<u> </u>		Required	Required	Not Required Required	Not kequired Required	Not Required Required	Required	Not kequired Required	Not Required Required	
DME	Durable Medical Equipment	E0467			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME DME	Sleep Medicine Lungs (Respiratory)	E0472 E0481			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME DME	Lungs (Respiratory) Lungs (Respiratory) Lungs (Respiratory)	E0482 E0483			Required Required	Required Required	Not Required Required	Not Required Not Required Required	Not Required Required	Not Required Required	Required Required	Required	
DME	Lungs (Kespiratory)	E0483	1		Kequirea	Kequirea	Kequirea	Kequired	Kequirea	Kequirea	Kequirea	Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
DME	Sleep Medicine Lungs (Respiratory)	E0485 F0486			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
DME DME DME	Sleep Medicine	E0490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine Sleep Medicine	E0491 E0492			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME DMF	Sleep Medicine Durable Medical	E0493 E0500			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
DME	Equipment Sleep Medicine	E0530			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Heart and Blood Vessel (Cardiovascular)	E0616			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E0619			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Home Care & Home	E0625			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Infusion Nursing Visits Home Care & Home	E0627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Infusion Nursing Visits Home Care & Home	E0630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Infusion Nursing Visits Durable Medical	E0637			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0638			Required	Required	Required	Required	Required	Required	Required	Required	
	Equipment Durable Medical				· · · · · · · · · · · · · · · · · · ·	·				· ·		·	
DME	Equipment Durable Medical	E0641			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0642			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0650			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0651			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	E0652			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0655			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0656			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0658			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0659			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0660			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0666			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0667			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0669			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0670			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E0671			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0673			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0675			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0676			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0677			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	E0678			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0679			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0680			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	E0681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0682			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0691			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0692	<u> </u>		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0693			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0694			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Urinary System(Genitourinary)	E0715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0720			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0734			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Nervous System	E0735			Required	Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required Not Required	Not Required	
DME	(Neurology) Durable Medical	E0735						Not Required		Not Required	-		
	Equipment Bone and Joint				Required	Required	Not Required		Not Required		Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E0738			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)	E0739			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
DME	Bone and Joint	E0747			HNY EPO) Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E0748			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E0749			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E0760			Required	Required	Required	Required	Required	Required	Required	Required	
DME	(Orthopedics) Durable Medical	F0764			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Digestive System	E0765			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	(Gastroenterology) Cancer Treatment	E0766			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	(Oncology) Durable Medical	E0781			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0782			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0783			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Diabetes (Endocrinology)	E0784			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical	E0785			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	EU/86 F0791			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0856			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0912	1		Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required	Not Required Not Required	Not Required	
DME	Equipment Durable Medical	E0912			Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E0936			Required	· ·	Required	Required		Required			
DME	Equipment Durable Medical	E0936 E0941			Not Required	Required Not Required	Not Required	Not Required	Not Required Required	Not Required	Not Required Not Required	Not Required Not Required	
	Equipment Durable Medical	E0941 F0945				· ·							
DME DME	Equipment Durable Medical	E1002			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
DME	Equipment Durable Medical	E1002					Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required			
	Equipment Durable Medical				Required	Required					Required	Required	
DME	Equipment Durable Medical	E1004			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1005			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1006			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME DME	Equipment Durable Medical	E1007 E1008			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1008			Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Required Required	Required Required	
DME	Equipment Durable Medical	E1010			Not Required	Not Required	Not Required Not Required	Not Required Not Required	Required	Not Required Not Required	Required	-,-	
DME	Equipment Durable Medical	E1010			Not Required	Not Required			Required			Required	
	Equipment Durable Medical	E1011			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME DME	Equipment Durable Medical	E1016			Not Required	Not Required Required	Not Required	Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E1023			Required		Required	Required					
	Equipment Durable Medical				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1031			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1036 F1038			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required Required	Not Required Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1038			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E1039			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E1050											
DME	Equipment Durable Medical	E1060			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
	Equipment Durable Medical					· ·	· · · · · · · · · · · · · · · · · · ·						
DME	Equipment Durable Medical	E1086 F1087			Not Required	Not Required	Required Not Required	Required Not Required	Not Required Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1087											
	Equipment Durable Medical				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1089 E1090			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1090 F1092			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical					11011104211100							
DME	Equipment Durable Medical	E1100 F1110			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	E1130			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1140			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Durable Medical				HNY EPO)	POS)							
DME	Equipment Durable Medical	E1150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1161			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1171			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1172			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1195			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1220			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1221			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1222			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical	E1223			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1224			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1228			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1229			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1230			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1230				·		Not Required		· · · · · · · · · · · · · · · · · · ·			
	Equipment Durable Medical				Required	Required	Not Required		Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1232			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1233			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1234			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1235			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1236			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1237			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1238			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1239			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1240			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1250			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1260			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1270			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1280			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1298			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	E1301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint	E1800			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	E1801			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	E1802			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1811			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	F1815			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1815			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required	Not Required Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1830			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required	Not Required Not Required	Not Required Not Required	
	(Orthopedics) Bone and Joint												
DME	(Orthopedics) Durable Medical	E1840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1902			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1905			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	E2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E2102			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E2103			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	

					Commercial	Commercial							
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					EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2228			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2230			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2293			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2294			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2295			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2298			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2301			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2311			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2312			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2322			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2325			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2329			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2343			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2351			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2358			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2359			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2369			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2373			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2374			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2375			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2376			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2377			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2378			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2397			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Skin (Dermatology) Durable Medical	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	E2500			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Durable Medical	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2510			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2599			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	

					Commercial								
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	K0455			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Heart and Blood Vessel	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	(Cardiovascular) Durable Medical	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Skin (Dermatology)	K0743			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0807			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0808			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0813			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0814			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0816			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0821			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0823			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0824			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0825			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0826			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0827			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0828			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0829			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0830			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0831			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0835			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0836			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0837			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0838			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0839			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	Equipment		1	1	** **			1	* * *		* * * * * * * * * * * * * * * * * * * *		

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
DME	Durable Medical	K0841			HNY EPO) Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0841 K0842											
DME	Equipment Durable Medical	K0842			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
	Equipment Durable Medical									-,-		-,-	
DME	Equipment Durable Medical	K0848			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0849			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0850			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0851			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0852			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0853			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0854			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0855			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0856			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0857			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment	K0858			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0860			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0861			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0862			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0863			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0864			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0870			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0871			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0877			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0885			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0886			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0890			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0891			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K1035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0112			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0456			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0457			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0468			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0469			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0470			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0480			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0482			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0484			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L0486			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L0488			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L0490			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Outhorpedics)	L0491			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0492			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
J. L.	(Orthopedics)		1			quirea		quireu	quireu				

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
DME	Bone and Joint	L0631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0632			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0635			Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Orthopedics) Bone and Joint												
DME	(Orthopedics) Bone and Joint	L0636			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0637			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0639			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L0640			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L0648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L0650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L0651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L0700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0720			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0859			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L0999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1001			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1005			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1007			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint	L1200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1681			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L1685			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1686			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1690			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1720			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required Not Required	Required	Required	
	(Orthopedics) Bone and Joint										,		
DME	(Orthopedics) Bone and Joint	L1730			Not Required Not Required	Not Required	Not Required Not Required	Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
DME	(Orthopedics) Durable Medical										,		
	Equipment Durable Medical	L1832			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L1833			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L1834			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L1840	-		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L1843			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L1844			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L1845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L1846			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1860			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1933			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1945			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1950		LT	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1951			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1952			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(i.

			1		Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
DME	Bone and Joint	L1960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1970			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2000			Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Orthopedics) Bone and Joint										1,0	-,-	
DME	(Orthopedics) Bone and Joint	L2005			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2034			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2036			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2037			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2038			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L2108			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2126			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2128			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2134			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2136			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2280			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2350			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2510			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2520			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2525			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2526			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2627			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2861			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3161			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L3230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint	L3671			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L3674			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Bone and Joint (Outhernolise)	L3720			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical Equipment	L3730			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L3740			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3763			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3764			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3765			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	13766			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	13900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3901 L3904										,	
	(Orthopedics) Bone and Joint				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3905			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3961			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3962			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3967			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L3971			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3973			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

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	Bone and Joint				HNY EPO)	POS)							
DME	(Orthopedics) Bone and Joint	L3976			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3977			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L3978			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4030			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4205			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4631			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5050			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5060			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5105			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5210			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5220			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5230			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5250			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5270			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15280			· · · · · · · · · · · · · · · · · · ·	· ·	Not Required	Not Required Not Required	-		-		
DME	Equipment Durable Medical				Not Required	Not Required			Required	Not Required	Required	Required	
	Equipment Durable Medical	L5301			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5312			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5400			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5410			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5420			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5430			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5450			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5505			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5510			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5520			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5530			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5535			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5540			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5560			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5585			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5590			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L5595			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5600			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5610			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5611			Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	12011	1	L .	Not kequired	Not kequired	Not kequired	Not kequired	Not kequired	Not Required	kequirea	кеquirea	

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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 &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Durable Medical				HNY EPO)	POS)							
DME	Equipment Durable Medical	L5613			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5614			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5615			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5639			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5640			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5642			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5643			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5644			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5645			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5646		L	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5649			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L5657			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	L5661			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5665			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5671			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L5673			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5677			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5679			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5681			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5682			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5683			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5701			Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5702			Not Required	,		Not Required	·	Not Required			
DME	Equipment Durable Medical	L5702			Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required Required	Not Required	Required Required	Required Required	
DME	Equipment Durable Medical	15704						Not Required		Not Required			
	Equipment Durable Medical				Not Required	Not Required	Not Required		Not Required		Required	Required	
DME	Equipment Durable Medical	L5705			Not Required	Not Required	Not Required	Not Required	Required	Not Required Not Required	Required Required	Required Required	
	Equipment Durable Medical	L5706					Not Required		Required		,		
DME	Equipment Durable Medical	L5707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5718			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	L5722			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5724			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5726			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5728			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5780			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5781			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5782			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5783			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

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

					Commercial								
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DME	Miscellaneous & Unlisted	L6036			HNY EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6038						Not Required			Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6039			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
	Codes Durable Medical					14							
DME	Equipment Durable Medical	L6050			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6055			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6110			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6130			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6205			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6320			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6350			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6360			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6380			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6382			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6384			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6386			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6388			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6400			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6450			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6550			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L6582			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6584			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6586			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6588			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6590			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6621			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6623			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6624			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6625			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	16638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6646			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	16647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6648											
	Equipment Durable Medical	L6648 L6686			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6687			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6688			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6689			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6690			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6692			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6693			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial				ı				
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 &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Durable Medical				HNY EPO)	POS)							
DME	Equipment Durable Medical	L6694			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6695			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6696			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L6697			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Codes Durable Medical	L6700			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	L6706			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6714			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6721			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6722			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L6810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L6880			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical	L6881			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L6882			Required	Required	Required	Required	Required	Required	Not Required	Required	
DME	Equipment Durable Medical	L6883			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6884			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6885			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6895			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6900			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical					,	-			·			
DME	Equipment Durable Medical	L6910			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6915			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6920			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6925			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	L6930			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6935			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6940			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6950			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6955			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6965			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6970			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7009	1		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L7040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7181			Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L/181			nor required	not required	not required	ivor required	required	Not required	required	required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Durable Medical				HNY EPO)	POS)							
DME	Equipment Durable Medical	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7366			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required Required	Required Not Required	Required Not Required	Required Not Required	
DME	Equipment Durable Medical	L7404			Not Required	Not Required Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L7404			Not Required Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DMF	Codes Durable Medical	17499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L5000			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5848			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Urinary	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	System(Genitourinary) Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for All diagnosis codes EXCEST, CSG.1, CSG.2, C79.61, CS9.62, CSB.1, CS0.11; CS
DME	Durable Medical Equipment	L8610			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8615			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8619			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8627			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology) Bone and Joint	L8628			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	(Orthopedics)	L8692			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics) Bone and Joint	L8693			Not Required	Not Required	Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	(Orthopedics)	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1030			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1035			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology) Diabetes (Endocrinology)	S1036 S1037		-	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
DME	Childrens Health	S1037 S1040		-	Required Required	Required Required	Not Required Not Required	Not Required Required	Required Required	Required Not Required	Not Required Required	Not Required Required	
DME	(Pediatric) Durable Medical	S1040 S5160		 	Not Required	Not Required	Not Required	Not Required	Required	Not Required Required	Required	Required	
DME	Equipment Durable Medical	S5160 S5161		 	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Food (Nutrition)	59433			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 Durable Medical	T4528		-	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical Durable Medical	T4529		-	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment	T4530			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	T4531		-	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment	T4532			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	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)
DME	Durable Medical Equipment	T4533			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4534			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4535			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4536			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4537			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4538			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4540			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4541			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4542			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4543			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T5001			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5014			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5030			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5050			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5060			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	V5070			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5120			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5130			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	V5140			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	V5150			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5190			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5230			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5246			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5247			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5252			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	V5253			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	V5256			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	V5257			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	V5258			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	V5260			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME EviCore	Equipment	V5261			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
(MSK) EviCore	Bone and Joint (Orthopedics) Bone and Joint	0213T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)	0214T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	Bone and Joint (Orthopedics) Bone and Joint	0215T	-		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	0216T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	0217T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Radiology (Imaging)	0218T	-		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(Radiology) EviCore	Services Radiology (Imaging)	0331T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services	0332T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	0395T	1		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0408T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0409T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0515T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0516T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0517T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

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EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0519T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0520T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0571T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0609T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0610T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0611T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0612T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0614T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0633T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0634T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	0635T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	0636T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0637T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0638T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0648T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0649T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0697T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	0698T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0710T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0711T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Experimental and	0712T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Investigational Procedures/ Services Experimental and	0713T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Investigational Procedures/ Services Experimental and	0742T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Investigational Procedures/ Services Bone and Joint	0747T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(MSK)	(Orthopedics) Bone and Joint	0784T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	0785T			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0795T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0796T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0797T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0801T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0802T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0803T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0823T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0825T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0861T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0862T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0863T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	0865T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0866T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0915T			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

Is the code BH, DME,		Procedure	Pevenue	Commercial Fully Insured	Commercial Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0916T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0933T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Bone and Joint (Orthopedics)	23000		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	23020		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	23460		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	27280		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29876		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29879		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29882		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29883		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29884		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint	29885		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	(Orthopedics) Bone and Joint	29886		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29887		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29889		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29914		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29914			Not Required	.,		Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	29915		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not kequired	Not Kequired	Not Required	
(Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33206		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33207		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33208		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33212		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33213		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33214		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33221		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33224		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33225		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33227		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33228		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33229		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33230		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33231		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33240		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33249		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33262		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33263		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33264		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	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)
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33274			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33289			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Bone and Joint (Orthopedics)	62324			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62325			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62326			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62327			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62330			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62331			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62355			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62365			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62367			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62368			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64479			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64480			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64483			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64484			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64490			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64491			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64492			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64493			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64494			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64495			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64510			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64520			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64633			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64634			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64635			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64636			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Radiology (Imaging) Services	70336			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70450			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70460			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70470			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70480			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70481			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70482			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70486			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	70487			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging)	70488			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Services Radiology (Imaging)	70490			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	70491			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	70492			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70496			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70498			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70540			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70542			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70543			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70544			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70545			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70546			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	/U29b	ļ		Required unidugh EVICORE	Required Undugh EVICore	required unough EVICORE	Required unrough EVICore	required dirough EVICore	required dirough EVICORE	Required Uniough EVICORE	keyuneu unough Evicoré	

				Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Fully Insured Rate Code (Commercial Products, bu not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded t (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)
EviCore (Radiology)	Radiology (Imaging) Services	70547		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70548		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	70549		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70551		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70552		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70553		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	70554		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	70555		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71250		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71260		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71275		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71550		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71551		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71552		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71555		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72125		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72126		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72127		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72128		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72129		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72130		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72131		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72132		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72133		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72141		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72142		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72146		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72147		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	72148		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	72149		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	72156		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	72157		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	72158		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	72159		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services Padiology (Imaging)	72191		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	72192		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72193		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72194		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	72195		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72196		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72197		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72198		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73200		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73201		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73202		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73206		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73218		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73219		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	73220		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO,	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
					EPO, POS & HNY EPO)	POS)							
EviCore (Radiology)	Radiology (Imaging) Services	73221			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73222			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73223			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73225			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73700			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73701			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73702			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73706			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73718			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73719			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73720			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73721			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73722			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73723			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73725			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74150			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74160			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74170			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74174			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74175			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74176			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74177			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74178			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74181			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74182			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74183			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74185			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74261			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74262			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74263			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74712			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Digestive System (Gastroenterology)	74713			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	75557			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	75559			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75561			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75563			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75565			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75571			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	75572			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75573			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75574			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	75580			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	75635			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	76380			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Radiology (Imaging)	76390			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	76391			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Services Radiology (Imaging)	77021			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Cancer Treatment	77022			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Oncology) Radiology (Imaging)	77084			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiation Therapy	77371			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	- January				quircu unough Evicore	quirea unough Evicule		quirca tirroughi Evicule	anca anough Encore	quired through Evictie	quircu tinough Encore	quirea airougii Evicule	

				Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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)
EviCore	Radiation Therapy	77372		HNY EPO) Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	77373		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiation Therapy	77402		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77412		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77423		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77424		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	77425		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiation Therapy	77437		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	77438		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77439		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77520		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77522		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77523		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77525		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77750		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77761		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77762		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77763		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77767		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77768		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77770		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77771		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77772		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77778		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77789		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78429		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78430		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78431		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78432		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78433		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78434		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78451		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78452		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78453		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	78454		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	78459		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	78466		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	78468		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services	78469		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services Radiology (Imaging)	78472		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services Radiology (Imaging)	78473		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	78481		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	78483		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78491		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	78492		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	78494		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services Radiology (Imaging)	78496		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78608		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78609		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	78660		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
EviCore	Radiology (Imaging)				HNY EPO)	POS)							
(Radiology) EviCore	Services Radiology (Imaging)	78803			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78811 78812			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78813			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78814			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78815			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	78816			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services	78830			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiation Therapy Cancer Treatment	79005			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	(Oncology)	79101			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy Miscellaneous & Unlisted	79403			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(MSK)	Codes	95990			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK) EviCore	Miscellaneous & Unlisted Codes	95991			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(Radiation Therapy)	Radiation Therapy	A9513			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	A9543			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	A9590			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	A9606			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	A9607			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiology (Imaging) Services	A9609			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiation Therapy	C2616			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7504			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7505			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7507			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7508			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	C7537			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	C7538			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	C7539			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices) EviCore	Heart and Blood Vessel (Cardiovascular) Radiology (Imaging)	C7540 C8900			Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8900				-							
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8902	-		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8909			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8910			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8911	-		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8912	-		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8913			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8914			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8918	-		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services	C8919			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	C8920			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	C8931	1		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services Padiology (Imaging)	C8932			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services Padiology (Imaging)	C8933			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	C8934			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	C8935			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	C8936			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	C9791			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	G0219			Required through EviCore	Required through EviCore	Not Required	Not Required	Required through EviCore	Required through eviCore	Not Required	Not Required	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	ate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
EviCore	Radiology (Imaging)				HNY EPO)	POS)							
(Radiology) EviCore	Services Radiology (Imaging)	G0235			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Bone and Joint	G0252			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(MSK) EviCore	(Orthopedics)	G0260			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	Radiation Therapy	G0339			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G0340			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G0458			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G0563			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6001			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6002			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	G6003			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Radiation Therapy	G6004			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	G6005			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6006			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6007			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6008			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6009			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6010			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6011			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6012			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6013			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6014			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6015			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6016			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6017			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	S2095			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	S8042			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	S8085			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0095T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0098T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0164T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0165T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0200T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	0201T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	0219T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint	0274T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	0627T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical	(Orthopedics) Bone and Joint (Orthopedics)	0628T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	Bone and Joint	0629T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint (Orthopedics)	0630T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20930			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20931			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20936			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20937			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20938			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22207			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22207			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22210			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22214			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22214			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22216			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)	22220			Required unbugh EVICORE	Required	required dirough EVICore	Required dirough EVICORE	Required	Required	required	required	

				Co	mmercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercinot limite	ly Insured ial Products, but d to: HMO, PPO,	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
EviCore/Medical	Bone and Joint				NY EPO)	POS)							
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22224			through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22226			through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22510			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22511			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22512			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22513			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22514			through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22515			through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22526			through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22527		· ·	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and loint	22533		· ·	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)	22534		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	22551			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	22552		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	22554			through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	22558		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22585		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22586		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22595		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22600		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22612		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22614		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22630		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22632		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22633		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22634		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22841		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22842		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22843		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22844		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22845		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22846		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22847		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22848		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22853		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22854		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22856		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22857		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22858		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22859		Required	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22860		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22861		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22862		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint	22867		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	22868		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	22869			through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	22870		Required	through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint (Orthopedics)	23120		· ·	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23130			through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23410		· ·	through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	23710		Required	andagii Evicore	NOT REQUIRED	required dirough EVICOR	required dirough EviCore	Not required	Nequireu	nequireu	required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Con	Fully Insured mmercial Products, but t limited to: HMO, PPO, EPO, POS &	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)
EviCore/Medical	Bone and Joint	23412			HNY EPO) equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint				.,		-,	.,					
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23415			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23420			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23430			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23440			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23450			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23455			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23462			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	23465			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23466			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and loint	23470			equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)	23472		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	23473			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Orthopedics)	23474		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	23700			equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	27096			equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27125		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27130		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27132		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27134		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27137		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27138		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27278		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27279		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27332		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27333		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27334		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27335		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27403		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27405		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27412		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27415		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27416		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27418		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27420		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27422		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27424		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27425		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27427		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27428		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27429		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27430		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27438		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27440		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27441		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27442		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27443		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27446		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27447		Re	equired through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27486		Re	equired through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(ACIA)	(Ortriopedics)		1							1	1	l .	

				Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
EviCore/Medical	Bone and Joint	27487		HNY EPO) Required through EviCore	POS) Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27487					Required through EviCore Required through EviCore			Not Required		
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29805		Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29805		Required through Evicore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29807		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29819		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29820		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29821		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29822		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29823		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29824		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	29825		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	29826		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	29827		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29828		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29860		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29861		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29862		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29863		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29866		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29867		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Experimental and Investigational Procedures/ Services	29868		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29870		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29871		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29873		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29874		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29875		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	29877		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	29880		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29881		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29888		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62263		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62264		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62280 62281		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62282		Required through EviCore Required through EviCore	Not Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required Not Required	Required Not Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62292		Required through EviCore Required through EviCore	Not Required	Required through EviCore	Required through EviCore Required through EviCore	Not Required	Not Required Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62320		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Not kequired Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62321		Required through EviCore	Not Required Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62322		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62323		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62350		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint (Orthopedics)	62351		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	62360		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	62361		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Nervous System (Neurology)	62362		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62380		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63001		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63005		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	

				Commercial								
				Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS &	limited to: HMO, PPO, EPO & POS)						Program	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63012		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint	63015		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63017		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint			.,		-	.,				-,-	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63030		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63035		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	63040		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63042		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63043		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63044		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63045		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63047		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint	63048		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63050		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63051		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63052		Required through EviCore	Required	Required through EviCore	Required through EviCore		Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint			.,		.,		Required			-,-	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63053		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)	63056		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63057		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63075		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63076		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63081		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63082		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63087		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	Bone and Joint	63088		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63090		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63091		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63102		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint											
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63103		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	63650		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)	63655	1	Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63663		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63664		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63685		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	64451		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	64624		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	64625		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint	64628		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64629		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Nervous System	64632		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Neurology) Bone and Joint											
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	C9757		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	M0076		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
(MSK)	(Orthopedics)	S2118		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	S2348		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	

			_		Commercial Fully Insured	Commercial Self Funded				551.81	251.81	Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(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	Health and Recovery Program	Diagnosis Requirements (if applicable)
Inpatient Admissions (except routine Meternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	N/A	Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital transfers.			Required	Required	Required	Required	Required	Required	Required	Required	
Acute Rehab/ SNF Admissions	N/A	Acute Rehab/ SNF Admissions			Required	Required	Required through CareCentrix	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	0006M 0007M			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0012M			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0013M 0015M			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0016M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Transplants Laboratory	0018M 0019M			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0020M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0001U 0005U		+	Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0017U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0018U 0026U			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0027U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0030U 0034U			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0035U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0036U 0037U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0045U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0047U 0055U			Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0060U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0070U 0071U			Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0072U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0073U 0074U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0075U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0076U 0080U			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0087U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0088U 0089U			Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Cancer Treatment	0090U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) Laboratory	0092U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0101U 0102U			Required	Required	Required	Required	Required Required	Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0102U			Required Required	Required Required	Required Required	Required Required	Required	Required Required	Not Required	Not Required	
Medical	Transplants	0118U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0129U 0130U			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0133U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0134U 0136U			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0137U 0138U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0153U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0154U 0157U		\vdash	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0160U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0161U 0162U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required	
Medical	Genetic Testing	0171U			Required	Required	Required	Required	Required	Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0172U 0173U			Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0175U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0179U 0209U		l T	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0211U			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0213U 0214U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0215U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0218U 0220U			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0228U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0229U 0230U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0235U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0236U 0237U			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0238U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0239U 0242U			Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0243U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0244U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0245U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	ļ

Column Property				Commercial	Commercial							
Proceedings		Category		(Commercial Products, but not limited to: HMO, PPO,	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	Medicare	HMO D-SNP			Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
Col.	Medical	Genetic Testing	024711		,	Not Required	Not Required	Required	Required	Not Required	Not Required	
March Sept Name State March	Medical	Genetic Testing	0249U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Column C	Medical	Genetic Testing	0251U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
March Marc				Required Not Required			Not Required Not Required				Not Required Not Required	
Month Control Contro	Medical	Genetic Testing	0254U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
March Marc												
Marcol M	Medical	Laboratory		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
March Marc	Medical	Laboratory	0263U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Description Color	Medical Medical		0264U 0265U	Required Required	Required		Not Required Not Required					
March Marc	Medical	Genetic Testing	0266U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
April Cont					Required Required	Not Required Not Required		Required Required	Required Required			
March Cont. Wilson Waster Was							Required					
Mode Grant Color	Medical	Genetic Testing	0289U	Required	Required	Required	Required	Required	Required	Required	Required	
March March 1981 1982					Required Required		Required Required	Required Required	Required Required	Required Required		
March Cont. Tenty Cont.	Medical	Genetic Testing	0292U	Required		Required		Required				
Mode Sept. 1900 Sept.									Required			
Cont. Cont												
March 1500	Medical	Genetic Testing	0297U	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
March Sept								Required		Required		+
	Medical	Genetic Testing	0300U	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Month	Medical	Laboratory	0307U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Mode												
Montal Comp. 1981 1982	Medical	Genetic Testing	0310U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Model												
Model				Required	Required		Required					
Mode March									Required			
Model												
Proceed Control Testing 1,500 Reported Report	Medical	Laboratory	0320U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Model Genet Service GSD			0322U 0326U							Not Required Not Required	Not Required Not Required	
Model		Genetic Testina	0329U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Model Mode	Medical	Genetic Testing	0335U	Required	Required	Required		Required	Required		Not Required	
Medical	Medical Medical								Required Required		Not Required	
Medical Genet.* Times Gibbl Record Rec	Medical	Laboratory	0338U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Genet. Technology (1992) Model Genet. Technology (199				Required Required								
Medical Contribution Distribution Description Record Rec	Medical	Genetic Testing		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Genetic Technics (1948) Required Meaning Required Requir	Medical	Genetic Testing	0345U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Central Technology	Medical Medical			Required Required	Required Required	Required Required		Required Required		Not Required	Not Required	
Medical Lidocottory 035551 Required Recurred Not Required Not Re	Medical	Genetic Testing	0349U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Laboratory 03501 Required Next Requi												
Medical Lubrotary 0590 Required Required Required Required Required Required Not Required No	Medical	Laboratory	0356U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Laboratory 0.505.01 Required	Medical	Laboratory	0359U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Laboratory 0364U Required Required Not Required N	Medical Medical		0360U 0362U	Required Required	Required Required	Not Required Not Required	Not Required	Required Required		Not Required		
Medical Laboratory 03651 Required Required Required Not Required Required Required Not Required	Medical	Genetic Testing	0363U	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Luboratory 03501 Required Required Not Required N	Medical	Laboratory	0365U	Required	Required	Not Required	Not Required	Required		Not Required	Not Required	
Medical Genetic Festing 03881 Reguired Required Not Required Not Required Required Required Not Required Requir	Medical	Laboratory		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Genetic Testing 0372U Required Required Not Required Not Required Required Not Required Not Required Not Required Not Required Required Not Required Not Required Required Not Requ	Medical	Genetic Testing	0368U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Laboratory 0379U Required Required Not Required Not Required Required Not R	Medical Medical	Genetic Testing Genetic Testing	0371U 0372U	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required		Not Required Not Required	
Medical Laboratory 0377U Required Required Not Required Not Required Required Not R	Medical	Laboratory	0375U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Genetic Testing 0378U Required Required Not Required Not Required Not Required Not Required Not Required Not Required Required	Medical	Laboratory	0377U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Laboratory 0381U Required Required Not Required Required Not Requi	Medical	Genetic Testing		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Laboratory 0381U Required Required Not Required Not Required Required Not Required Not Required Not Required Not Required Required	Medical	Laboratory	0381U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Laboratory 038U Required Required Not Required Not Required Required Not Required Not Required Not Required Not Required Required Not Requir	Medical Medical	Laboratory		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Laboratory 0387U Required Required Not Required N	Medical	Laboratory	0384U	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Genetic Testinn 0388U Required Required Required Required Not	Medical	Laboratory	0387U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Laboratory 0390U Required Required Not R	Medical	Genetic Testing	0388U	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Genetic Testing 0391U Required Required Required Required Required Not Requ	Medical	Laboratory	0390U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Laboratory 0393U Required Required Not Required N	Medical Medical	Genetic Testing		Required Required	Required Required	Required	Required Required	Not Required	Not Required		Not Required	
Medical Laboratory 0393U Required Required Not Required N	Medical	Laboratory	0393U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Genetic Testing 0398U Required Required Not Required								Not Required Not Required				
Medical Genetic Testing 6900U Required Required Not Required	Medical	Genetic Testing	0398U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Genetic Testing 0401U Required Required Not Required	Medical	Genetic Testing	0400U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Genetic Testing 0403U Required Required Required Required Not Required	Medical		0401U	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Policial Genetic, Testing VM-5-24 Required Required Required Required No. Required												

Is the code BH, DME, eviCore, or Medical?	Category			Fully Insured	Commercial							
	eutego. y	Procedure Code	Revenue Code Rate Code	(Commercial Products, but not limited to: HMO, PPO,	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
				EPO, POS & HNY EPO)	POS)							
Medical Medical	Genetic Testing Laboratory	0405U 0406U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0407U 0409U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0410U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0411U 0412U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0413U 0414U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0415U		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0417U 0418U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0419U 0420U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0421U		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0422U 0423U		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0424U		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0425U 0426U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0429U 0433U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0434U		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0435U 0436U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0437U 0438U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0439U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0440U 0443U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0444U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0445U 0446U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0447U 0449U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0452U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0453U 0454U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0457U 0459U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0460U		Required	Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0461U 0462U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0463U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0464U 0465U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0466U 0467U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0468U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0469U 0470U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0471U 0472U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0473U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0474U 0475U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0476U 0477U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required	
Medical	Genetic Testing	0478U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0479U 0481U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0485U		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0486U 0487U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0489U 0490U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0491U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0493U 0494U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0495U 0496U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0497U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0498U 0499U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0501U 0503U		Required Required	Required	Not Required Not Required	Not Required Not Required	Required Required	Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0514U		Required	Required Required	Not Required	Not Required	Required	Required Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0515U 0516U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0517U		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0518U 0519U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0520U 0523U		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0530U		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0532U 0533U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0534U 0536U		Required Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory Genetic Testing	0537U		Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0538U 0539U		Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0540U		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0542U 0543U		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0549U 0552U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0553U		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0554U 0555U		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	

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

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Com	Fully Insured mmercial Products, but limited to: HMO, PPO, EPO, POS &	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	Heart and Blood Vessel	0569T			HNY EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Urinary	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	System(Genitourinary) Transplants	0584T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	0585T 0586T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Neuromuscular Stimulation and Electrical	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Shock Units Experimental and					,	,						
Medical	Investigational Procedures/ Services Experimental and	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0607T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0608T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0620T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services Digestive System	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services Urinary	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Experimental and	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Investigational Procedures/ Services Eyes (Ophthalmology)	0657T 0671T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Experimental and Investigational	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
rieulcai	Procedures/ Services Experimental and	00/21			required	required	not required	not nequired	not required	not nequired	Not required	ivot required	
Medical	Investigational Procedures/ Services Experimental and	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Heart and Blood Vessel	0693T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0695T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services Experimental and	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Alternative Medicine	0720T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

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					EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
Medical	Cancer Treatment	0738T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Oncology) Cancer Treatment	0739T				,		Required					
rieucai	(Oncology) Experimental and	0740T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Investigational				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0741T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0743T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
	Experimental and	0744T			required	required	required		recquired	required	Not required	Not required	
Medical	Investigational Procedures/ Services				Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0745T						Required					
	Procedures/ Services Experimental and	0746T			Required	Required	Required		Required	Required	Not Required	Not Required	
Medical	Investigational	07401			Books 4	B	Barrier I	Required		Descript 1	No. Bereite	No. Proceed	
Medical	Procedures/ Services Digestive System	0748T			Required	Required	Required		Required	Required	Not Required	Not Required	
rieucai	(Gastroenterology) Experimental and	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0750T			кецинеи	Required	not required	Not required	Required	required	Not required	NOT required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory	0751T 0752T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0753T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0754T 0755T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0756T 0757T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Laboratory	0758T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0759T 0760T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0761T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0762T 0763T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Experimental and Investigational	0765T											
Medical	Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0766T											
	Procedures/ Services Experimental and	0767T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational	0,0,1			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0770T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Alternative Medicine	0771T 0772T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0//21											
	Procedures/ Services Experimental and	0773T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Experimental and	0774T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0776T											
riedical	Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0777T											
	Procedures/ Services Bone and Joint	0778T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics)	0779T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0//91											
M. F. J	Procedures/ Services Digestive System	0780T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	(Gastroenterology) Alternative Medicine	0783T			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required	Not Required Not Required	
Medical	Nervous System	0786T						Required	,				
Medical	(Neurology) Nervous System	0788T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Nervous System	0789T			Required	Required	Required	-,-	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology)				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0790T											
	Procedures/ Services Heart and Blood Vessel	0793T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	0794T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0804T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0805T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel	0806T											
Medical	(Cardiovascular) Lungs (Respiratory)	0807T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Lungs (Respiratory)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO,	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
					EPO, POS & HNY EPO)	POS)							
Medical	Experimental and	0810T											
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0811T					•						
Medical	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0812T											
Ficultur	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0813T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0815T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System	0816T											
Medical	(Neurology) Nervous System	0817T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Behavioral Health	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology) Laboratory	0827T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0828T 0830T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0831T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0832T 0833T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0834T			Required Required	Required Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0835T 0836T	<u> </u>		Required	Required Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory	0837T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Laboratory	0839T 0840T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0841T 0842T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0843T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0844T 0845T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0846T			Required Required	Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0847T 0848T			Required	Required Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0849T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Laboratory	0850T 0851T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0852T 0853T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0854T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0855T 0856T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Experimental and Investigational	0858T											
Medical	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0860T											
Ficultur	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0864T											
	Procedures/ Services Urinary	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0868T											
ricucus	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0869T											
	Procedures/ Services Experimental and	0870T	-		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational	55701			Post in		No. 2					Nu P	
	Procedures/ Services Experimental and	0871T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0872T	1		required	required	NOL REQUIRED	NOT Kednited	NOL Kequired	not required	NOT Kedalled	NOL Required	+
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and	0873T			педанса	nequired	Hot required	Not required	THOS TRESPUNCE	not required	Not required	not required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
M. C. I	Experimental and	0874T											
Medical	Investigational Procedures/ Services	L		<u> </u>	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0875T											
rietitedi	Procedures/ Services				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	0881T											
	Codes Experimental and	0884T	1		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	+
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and	0885T	1		required	required	not required	Not Required	not required	not required	not required	NOT Nequileu	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and	0886T	1		-,							- Agenta	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
							1			- 1			

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Experimental and	0888T			HNY EPO)	POS)							
Medical	Investigational Procedures/ Services	0897T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular) Cancer Treatment	0898T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) Nervous System	0908T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	0911T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Neurology)	0912T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Neurology) Urinary	0941T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	System(Genitourinary) Urinary	0942T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	System(Genitourinary) Urinary	0943T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	System(Genitourinary) Urinary	0963T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	System(Genitourinary) Digestive System	0977T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Nervous System	0988T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Urinary	0999T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	1000T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	1001T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Reconstructive Surgery and/or Cosmetic Services	11920			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required (By Diagnosis - see last column)	Not Required Required (By Diagnosis - see last column)	Not Required Required (By Diagnosis - see last column)	Not Required Required (By Diagnosis - see last column)	PA is <u>Required</u> for all diagnosis codes <u>EXCEPT</u> : CS6.1, CS6.2, C79.6.1, C79.6.2, C48.1, CS0.112, CS0.112, CS0.112, CS0.113, CS0.211, CS0.212, CS0.2122, CS0.21222, CS0.212222, CS0.2122222, CS0.21222222, CS0.212222222222, CS0.2122222222222222222222222222222222222
Medical	Reconstructive Surgery and/or Cosmetic Services	11950			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11951			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11952			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11954			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	13100			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Pk is <u>Required</u> for all diagnosis codes <u>EXCEPT</u> . C56.1, C56.2, C79.6.1, C76.62, G48.1,C50.011, C50.012, C50.019, C50.111, C50.115, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C53.19, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.511, C50.612, C50.619, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.31, C79.81, C50.812, C50.919, C50.911, C50.919, C56.3, C79.33, C79.81, C50.82, C50.90, D55.91, D55.92, D51.1, D55.12, D55.80, D55.81, D55.82, D55.90, D55.91, D55.92, D41, D42.2, D49.3, 215.01, 215.02, 240.01, 240.02, 240.03, 242.1, 240.3, 245.3, 290.10, 290.11, 250.12, 270.14, C50.02, C50.14, C50.2, C50.2, S53.3, 290.10, 290.11,
Medical	Reconstructive Surgery and/or Cosmetic Services	13101			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT: C56.1, C56.2, C79.6.1, C79.6.2, C81., C50.112,
Medical	Reconstructive Surgery and/or Cosmetic Services	13102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13131			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13133			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13151			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	14000			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT: CS6.1, CS6.2, C79.61, C79.62, C48.1, CS0.012, CS0.019, CS0.019, CS0.011, CS0.112, CS0.119, CS0.211, CS0.12, CS0.219, C
Medical	Reconstructive Surgery and/or Cosmetic Services	14001			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all dispress codes EXCEPT CSS.1, CSS.2, CPS.61, CPS.62, CPS.61, CSS.01, CSS
Medical	Reconstructive Surgery and/or Cosmetic Services	14301			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all disposes codes EXCEPT. CS6.1, CS6.2, C76.61, C76.0, C98.2, C98.1, C50.11, C50.11, C50.12, C50.11, C50.12, C50.11, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	15650			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all disprosis codes EXCEPT. CSA.1, CSA.2, C76.61, C76.62, C76.61, C
Medical	Reconstructive Surgery and/or Cosmetic Services	15738			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all dispress codes EXCEPT CSS.1, CSS.2, CSS.4, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.2, CSS.4, CSS.2, CSS.2, CSS.2, CSS.4, CSS.2,
Medical	Reconstructive Surgery and/or Cosmetic Services	15740			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all dispress code EXCEPT, CSA.1, CSA.2, CSA.6,
Medical	Reconstructive Surgery and/or Cosmetic Services	15769			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: CSI.0.11, CSI.0.112, CSI.0.19, CSI.11,
Medical	Reconstructive Surgery and/or Cosmetic Services	15770			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph is Required for all dispress code EXCEPT, CSS.1, CSS.2, CSS.61, CSS.62, CSS.61, CSS.62, CSS.61, CSS
Medical	Reconstructive Surgery and/or Cosmetic Services	15771			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 EXCEPD: CSc.1, CSc.2, C79.61, C79.62, C48.1, CSO.11, CSO.12, CSO.13, CSO.12, CSO.13, CSO.12, CSO.13, CSO.12, CS
Medical	Reconstructive Surgery and/or Cosmetic Services	15772			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 EXCEPD: CS-1, CS-2, C79.61, C79.62, C81., CS-0.2, C90.019, CS0.019, CS0.011, CS0.112, CS0.019, CS0.019, CS0.011, CS0.012, CS0.019, CS0.011, CS0.012, CS0.011, CS0.012, CS0.

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Commercial Fully Insured Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	15773		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All Diagnosis Codes <u>EXCEPT</u> : CS0.011, CS0.012, CS0.019, CS0.111, CS0.112, CS0.119, CS0.111, CS0.112, CS0.119, CS0.111, CS0.122, CS0.219, CS0.311, CS0.312, CS0.319, CS0.411, CS0.412, CS0.419, CS0.511, CS0.512, CS0.519, CS0.611, CS0.612, CS0.619, CS0.611, CS0.612, CS0.619, CS0.61
Medical	Reconstructive Surgery and/or Cosmetic Services	15774		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for MI Diagnosis Codes <u>EXCENT</u> : CS0.011, CS0.012, CS0.019, CS0.111, CS0.112, CS0.119, C
Medical	Reconstructive Surgery and/or Cosmetic Services	15775		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15776		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15780		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15781		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15782		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15783		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15786		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15788		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15789		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15792		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15793		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15820		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15821		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15822		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15823		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15824		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15825		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15826		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15828		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15829		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15830		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15832		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15833		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15834		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15835		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15836		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15837		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial						1		
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Commercial Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	15838			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15839			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15847			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15876			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15877			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15878			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15879			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17106			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17107			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17108			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17360			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17380			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	19105			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19300			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19316			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All diagnosis codes: <u>EXCEPT</u> : C48.1, C50.011, C50.012, C50.019, C50.111, C50.122, C50.119, C50.111, C50.122, C50.119, C50.111, C50.122, C50.119, C50.112, C50.119, C50.119
Medical	Reconstructive Surgery and/or Cosmetic Services	19318			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA Is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.121, C50.119, C50.111, C50.121, C50.119, C50.111, C50.121, C50.119, C50.111, C50.121, C50.119, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.11, C50.112, C50.119, C50.11, C50.125, C50.119, C50.11, C50.125, C50.119, C50.11, C50.125, C50.119, C50.119
Medical	Reconstructive Surgery and/or Cosmetic Services	19325			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : C48.1, C50.011, C50.012, C50.019, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, C50.612, C50.622, C50.612, C50.612, C50.619, C50.612,
Medical	Reconstructive Surgery and/or Cosmetic Services	19328			Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.110, C50.112, C50.119, C50.110, C50.112, C50

					Commercial Fully Insured	Commercial							
e code BH, DME, ore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Comme not limi	ercial Products, but ited to: HMO, PPO, EPO, POS & HNY EPO)	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	19330			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C50.252, C50.2761, C70.262, C70.362, C70.381, C50.212, C50.219, C50.210, C50.252, C50.210, C70.22, C70.362, C70.381, C50.212, C50.210, C70.221, C70
Medical	Reconstructive Surgery and/or Cosmetic Services	19340		(By Diagn	Required oosis - 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 <u>Required</u> for All diagnosis codes <u>EXCEP</u> : C48.1, C50.011, C50.012, C50.019, C50.111, C5112, C50.119, C5111, C50.119, C50.111, C50.122, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.
Medical	Reconstructive Surgery and/or Cosmetic Services	19342		(By Diagn	Required oosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.015, C50.111, C511.2, C50.115, C511.1, C50.122, C50.015, C50.111, C50.112, C50.123, C50.515, C50.5
Medical	Reconstructive Surgery and/or Cosmetic Services	19350		(By Diagn	Required sosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.212, C50.225, C50.212, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	19355		1	Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.212, C50.225, C50.212, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	19357			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.119, C50.111, C50.112, C50.119, C50.111, C50.122, C50.219, C50.211, C50.212, C50.219, C50.212, C50.225, C50.212, C50.219, C50.212, C50.225, C50.212, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	19370		(By Diagn	Required sosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C56.2, C56.2, C59.61, C79.62, C79.82, C79.81, C94.17, D55.00,D55.20, D55.10, D55.11, D55.12, D55.80, D55.81, D55.82, D55.90, D55.91, D55.22, D54.30, D55.91, D55.20, D54.30, D55.91, D55.20, D54.30, D55.91, D55.20, D54.30, D55.91, D55.20, D
Medical	Reconstructive Surgery and/or Cosmetic Services	19371		(By Diagn	Required nosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.312, C50.322, C50.319, C50.312, C50.322, C50.319, C50.312, C50.322, C50.312, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	19380		(By Diagn	Required nosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.312, C50.322, C50.319, C50.312, C50.322, C50.312, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	19499			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.611, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, C50.61, C50.62, C56.2, C56.2, C56.2, C50.210, C50.61, C70.62, C70.62, C70.61, C70.62, C70.62, C70.61, C70.62, C70.62, C70.61, C70.62, C70.62

				Commer	rial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Pr not limited to: I EPO, PO: HNY EP	oducts, but HMO, PPO, 5 & (Commercial Product limited to: HMO, PPO		HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Bone and Joint (Orthopedics)	20975		Not Requ		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	20982		Require	d Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	20983		Require	d Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21120		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21121		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21122		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21123		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21125		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21127		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21137		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21138		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21139		Require	d Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	21141		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21142		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21143		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21145		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21146		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21147		Not Requ		Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21150 21151		Require Require	d Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	21154 21155		Require Require	d Required d Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159		Not Requ		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21160		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21172		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21175		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21179		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21180		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21181		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21182		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21183		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21184		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21188		Not Requ	red Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21193		Require Not Requ		Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21194 21195		Require	d Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21196 21198		Require Net Popul	d Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21198 21199	-	Not Requ Not Requ	red Not Required red Not Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21206		Not Requ	red Not Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Bone and Joint	21208		Not Requ		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics)	21209		Not Requ	red Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
				HNY EPO)	POS)							
Medical	Reconstructive Surgery and/or Cosmetic Services	21210		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21215		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21230		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21235		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21240		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21242		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21243		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Reconstructive Surgery and/or Cosmetic Services	21244		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21246		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21247		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21248		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21249		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21255		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21256		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21260		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21261		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21263		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21267		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Reconstructive Surgery	21268		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services	21270		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21275		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21280		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21282		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21295		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21296		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21299		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21740		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21742		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Bone and Joint	21743		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22101		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22102		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22103		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22110		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22112		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	(Orthopedics) Bone and Joint	22114		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	(Orthopedics) Bone and Joint	22116		Not Required Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22206		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	(Orthopedics)	22212	1	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Bone and Joint	22222			HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22532									Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22532			Required	Required Required	Not Required Required	Not Required Required	Not Required	Not Required Required	Not Required	Not kequired Required	
	(Orthopedics) Bone and Joint				Required			-,	Required	-,-			
Medical	(Orthopedics) Bone and Joint	22556			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22590			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22610			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22800			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22808			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22810			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)	22812			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22818			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22819			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22830			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22836			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22837			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22838			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22840			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22849			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22850			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22852			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22855			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22899			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	24360			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	24361			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
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	24370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	24371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	25441			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25442			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25443			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	25444			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	(Orthopedics) Bone and Joint	25445			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	25446			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25447			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	25449			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	26530			Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	26531			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	26535			Not Required	Not Required	Not Required	Not Required	Not Required Required	Not Required	Not Required	Not Required	
	(Orthopedics) Bone and Joint	26535											
Medical	(Orthopedics) Bone and Joint	26536 27437			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint				Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	27445			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	27702			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	27703			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(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	

					Commercial			1					
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Bone and Joint (Orthopedics)	29804			HNY EPO) Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30117			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30400			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30410			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30420			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30435			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30462			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30468			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	30469			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30520			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30801			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30999			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31243			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31295			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31296			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31297			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Lungs (Respiratory) Reconstructive Surgery and/or Cosmetic Services	31626 32664			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Transplants	32850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	32851			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants	32852 32853			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants Cancer Treatment	32854			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required Not Described	
Medical Medical	(Oncology) Heart and Blood Vessel (Cardiovascular)	32998 33202			Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Heart and Blood Vessel	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) 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) Heart and Blood Vessel	33258			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Cardiovascular)	33265			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33266	<u> </u>		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	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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	Miscellaneous & Unlisted	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33277			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33278			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33279				Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Codes Miscellaneous & Unlisted				Required	·							
Medical Medical	Codes Miscellaneous & Unlisted	33280 33281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Codes Heart and Blood Vessel				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Miscellaneous & Unlisted	33285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33287			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Heart and Blood Vessel	33288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33340			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33361			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	33362			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(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	Not 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	
Medical Medical	Transplants Transplants	33930 33933			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Transplants Transplants	33935 33944			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Transplants Heart and Blood Vessel	33945 33975			Required	Required	Not Required	Not Required	Not Required	Required	Required Not Required	Required	
	(Cardiovascular) Heart and Blood Vessel				Required	Required	Not Required	Not Required	Required	Required		Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33979			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33990			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33991			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33992			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular)	33993			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33995			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33997			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33999			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34701			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34702			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Thoracic Aneurysms Endovascular Grafts for Abdominal Aortic &	34703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Thoracic Aneurysms Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34705			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Thoracic Aneurysms Endovascular Grafts for Abdominal Aortic &	34706			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Thoracic Aneurysms Endovascular Grafts for	24			No. 20 C	Nu Po		Nun i	Position 1	No. 2	Port in	Part 1	
Medical	Abdominal Aortic & Thoracic Aneurysms	34707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	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	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34845			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Reconstructive Surgery	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	and/or Cosmetic Services Skin (Dermatology)	36483 36522			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not 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 Medical	Radiation Therapy Reconstructive Surgery	37243 37500			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required	Required Not Required	
Medical Medical	and/or Cosmetic Services Reconstructive Surgery	37500			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Required	Not Required Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	37718			Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Required	Required	
	and/or Cosmetic Services Reconstructive Surgery												
Medical	and/or Cosmetic Services	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	37760			HNY EPO) Not Required	POS) Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	37761			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	37765			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services 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 Medical	Erectile Dysfunction Erectile Dysfunction	37788 37790			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants	38204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38205	1	t t	Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38206	†	t	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	38207	1	t 1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants	38208	1	t +	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38209	İ		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	38210	†	t	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	38211			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants Transplants	38211			Not Required	Not Required	Not Required	Not Required Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants Transplants	38214	 		Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants Transplants	38215	-	 	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not keguired Required	Not keguired Required	
Medical		38220	l		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	+
Medical Medical	Transplants Transplants	38221 38230	-	1	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	t
Medical		30230	-	 							Not Required	Not Required	
Medical Medical	Transplants Transplants	38232 38240	 		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Transplants Transplants	38240	 		Required Required	Required Required	Required Required	Not Required Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38242			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical		30242					Not Required	Not Required					
Medical Medical	Transplants Sleep Medicine	38243 41512			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Sleep Medicine	42145			Required	Required	Required	Required	Required	Required	Required	Required	
medical	Sieep medicine	42143			Requireu	Required	Requireu	Requireu	Requireu	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42825			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42831			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42836			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Digestive System (Gastroenterology) Digestive System	43192 43201			Required Required	Required Required	Not Required Required	Not Required Required	Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	(Gastroenterology) Digestive System (Gastroenterology)	43210			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Digestive System (Gastroenterology)	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System	42257	İ		Dom 1 - 4	Den Cont	Net De	Net Decided	Net Doming	Net Don't de	Mak Do 1 1	Mak Dr 1 1	
Medical	(Gastroenterology)	43257		L	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	1
Medical	Digestive System	43284			Page-iron	Required	Not Doggiood	Not Donisional	Not Donning	Not Doggins	Not Remised	Not Demined	
medical	(Gastroenterology)	43284		L l	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	<u> </u>
Medical	Digestive System	43285	1		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
medical	(Gastroenterology)	45285			NOE Required	NOT Kednilea	NOT Kedniled	Not kednited	required	not required	Not required	NOL Required	
Medical	Digestive System	43290	1		Required	Required	Required	Required	Required	Required	Required	Required	
medical	(Gastroenterology)	45290			Required	Required	required	кецигеа	required	required	required	required	
Medical	Digestive System (Gastroenterology) Experimental and	43291			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Investigational Procedures/ Services Digestive System	43497			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43644			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Medical	(Gastroenterology) Digestive System	43645 43647			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
	(Gastroenterology) Digestive System												
Medical	(Gastroenterology)	43648			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	43659	1		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System (Gastroenterology)	43770			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System	43771			Required	Required	Required	Required	Required	Required	Required	Required	
	(Gastroenterology) Digestive System						•			· ·			+
Medical	(Gastroenterology)	43772			Required	Required	Required	Required	Required	Required	Required	Required	<u> </u>

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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	Digestive System	43773			HNY EPO) Required	POS) Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System				Required	Required	Not Required Required	Not Required Required	Not Required Not Required		Required	Required	
	(Gastroenterology) Digestive System	43774						-,		Not Required			
Medical	(Gastroenterology) Digestive System	43775			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43842			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(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	43886			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43887			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43888			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43889			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Transplants	44132			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not kequired Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	44133 44135			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Transplants Digestive System	44136			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	44705			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	(Gastroenterology)	46707			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	46999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47000			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89, E66.9
Medical	Digestive System (Gastroenterology)	47001			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology)	47100			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical Medical	Transplants Transplants	47133 47135			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	47140 47141			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants	47142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47370			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47371			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47379			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Cancer Treatment (Oncology)	47380			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47381		L T	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	47383			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47562			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	47564			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System	47605			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Transplants	48160			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	48550 48551			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	48552 48554		1	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Transplants	48556			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	50300 50320	<u> </u>		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	Transplants	50325			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	50328 50329	<u> </u>		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants	50340 50360	1		Required	Required	Required	Not Required	Required	Required	Required	Required Required	
Medical Medical	Transplants Transplants	50365			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Required	Required	
Medical Medical	Transplants Transplants	50370 50380	1		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Required	Not Required Required	
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					Commercial	C							
s the code BH, DME, viCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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	Experimental and	50542			HNY EPO)	POS)							
Medical	Investigational Procedures/ Services	50542			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical	Transplants Urinary System(Genitourinary)	50590			Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment	50592			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Oncology) Cancer Treatment	50593			Required	Required	Required	Required	Not Required	Not Required	Required	Not Required	
Medical	(Oncology) Urinary	51715			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary) Urinary	52284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary System(Genitourinary)	52441			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52442			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52597			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53854			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary	53865			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary) Erectile Dysfunction	53866			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54220 54230			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54231 54235		H	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54240 54250			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required	
Medical	Erectile Dysfunction	54400			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54401 54405			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54406			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54408 54410			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54411 54415			Not Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54416			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Erectile Dysfunction	54680 55870			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Cancer Treatment (Oncology)	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55877			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55880			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Gender Affirmation Gender Affirmation	55970 55980			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56620			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Gender Affirmation	56805			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Women's Health (Obstetrics & Gynecology)	58150			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Pl. is Required for All diagnosis codes (EXCEP): C45-9, C51.0, C51.1, C51.2, C56.3, C79.6, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2, C53.0, C5
Medical	Women's Health (Obstetrics & Gynecology)	58152			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.3, C79.83, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C64.3, C64.8, C64.3, C64.8, C64.3, C64.8, C64.3, C64.8, C64.3, C64.8, C64.3, C64.8, C67.2, C65.2, C67.2, C67
Medical	Women's Health (Obstetrics & Gynecology)	58180			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: (45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.4, C53.6, C54.5, C54.5, C54.5, C54.5, C54.5, C54.5, C54.5, C57.0, C57
Medical	Women's Health (Obstetrics & Gynecology)	58260			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45-9, C51.0, C51.1, C51.2, C53.3, C79.83, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2, C54.0, C54.1, C54.2, C54.3, C54.3, C54.5, C55.5, C55.6, C55.2, C59.5, C79.0, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C57.8, C5
Medical	Women's Health (Obstetrics & Gynecology)	58262			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.3, C54.5, C55.2, C55.2, C56.3, C57.20, C57.

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Women's Health (Obstetrics & Gynecology)	58263			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: (45.9, C51.0, C51.1, C51.2, C56.2, C79.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.3, C54.5, C55.6, C57.0, C57.
Medical	Women's Health (Obstetrics & Gynecology)	58270			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 <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : (45.9, C51.0, C51.1, C51.2, C56.3, C79.8, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.3, C54.0, C57.0,
Medical	Women's Health (Obstetrics & Gynecology)	58280			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 disprosis codes EXCEPT, G4.5, G5.10, G5.1, G5.2,
Medical	Women's Health (Obstetrics & Gynecology)	58285			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 disprosis codes EXCEPT, G45.9, C51.0, C51.1, C51.2, C56.2, C56.
Medical	Women's Health (Obstetrics & Gynecology)	58290			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)	Pik Beautined for Mit disprosis codes EXCEST, G45-9, C51-0, C51-1, C51-2, C56-1, C75-1, C51-2, C56-1, C75-1, C51-2, C56-1, C75-1, C51-2, C56-2,
Medical	Women's Health (Obstetrics & Gynecology)	58291			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, G15.9, C5.10, C5.1.1, C5.1.2, C5.6, C7.9.3, C5.11, C5.1.2, C5.0, C7.9.3, C5.11, C5.0, C5.0, C5.11, C5.0,
Medical	Women's Health (Obstetrics & Gynecology)	58292			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 <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : (45.9, C51.0, C51.1, C51.2, C56.3, C79.85, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.3, C54.5, C55.6, C57.0,
Medical	Women's Health (Obstetrics & Gynecology)	58294			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 <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : (45.9, C51.0, C51.1, C51.2, C56.2, 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, C55.0, C55.0, C55.0, C55.0, C57.0,
Medical	Women's Health (Obstetrics & Gynecology)	58541			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: (45.9, C51.0, C51.1, C51.2, C56.2, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C43.5, C45.8, C55.0, C55.0, C55.0, C55.0, C57.0, C57
Medical	Women's Health (Obstetrics & Gynecology)	58542			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: (45.9, C51.0, C51.1, C51.2, C56.2, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C43.5, C45.8, C55.0, C55.0, C55.0, C55.0, C57.0, C57
Medical	Women's Health (Obstetrics & Gynecology)	58543			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 <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : (45.9, C51.0, C51.1, C51.2, C56.5, C79.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.3, C54.5, C55.0, C57.0,
Medical	Women's Health (Obstetrics & Gynecology)	58544			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Required</u> for All diagnosis codes <u>EXCEP</u> T: (45.9, C51.0, C51.1, C51.2, C54.2, C9.8, C9.8, C51.9, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C5

					Commercial Fully Insured	Commercial Self Funded						5.61. No.	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(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)	58550			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <u>Resulted</u> for All diagnosis codes <u>EXCEPT</u> , '64.59, 'C51.0, 'C51.1, 'C51.2, 'C53.0, 'C9.63, 'C51.8, 'C51.9, 'C52.0, 'C53.0, 'C53.1, 'C53.2, 'C53.6, 'C54.0, 'C54.1, 'C54.2, 'C54.3, 'C54.8, 'C54.5, 'C55.0, 'C57.0, 'C5
Medical	Women's Health (Obstetrics & Gynecology)	58552			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 disprosis codes (EXCEP), 66.59, CS.10, CS.11, CS.12, CS6.3, C79.55, CS1.8, CS1.9, CS2.0, CS3.0, CS3.1, CS3.6, CS3.9, CS4.0, CS4.0, CS7.00, CS7.
Medical	Women's Health (Obstetrics & Gynecology)	58553			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT, G45.9, C51.0, C51.1, C51.2, C56.3, C79.85, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C57.0, C57
Medical	Women's Health (Obstetrics & Gynecology)	58554			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 disprosis ordes EXCEPT. C45.9, C51.0, C51.1, C51.2, C56.1, C75.2, C56.1, C75.2, C56.1, C75.2, C56.1, C75.2, C56.1, C75.2, C56.2, C75.2, C75.
Medical	Women's Health (Obstetrics & Gynecology)	58570			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)	Pik Beautined for Mit disprosis codes EXCEST, G45-9, C51-0, C51-1, C51-2, C56-1, C75-1, C51-2, C56-1, C75-1, C51-2, C56-1, C75-1, C51-2, C56-2,
Medical	Women's Health (Obstetrics & Gynecology)	58571			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 disprosis codes EXCEPT, C45-9, C51-0, C51-1, C51-2, C56-1, C98-1, C98-
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 disposits ordes EXCEPT, G4.59, C5.10, C5.1., C5.2., C5.1., C5.1., C5.1., C5.2., C5.2
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 ordes EXCEPT, 165-9, C51-0, C51.1, C51.2, C56.2, C56.9, C51.0, C51.1, C51.2, C56.3, C56.0, C57.0, C57.
Medical	Cancer Treatment (Oncology)	58580			Required	Required	Required	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	
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	Experimental and Investigational Procedures/ Services	61736			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational	61737			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Procedures/ Services Nervous System (Neurology)	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Neurology) 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	

					Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	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	Nervous System	61886			HNY EPO) Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Neurology) Nervous System	61888			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Neurology) Bone and Joint	62369			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	62370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	(Orthopedics) Bone and Joint	63003			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63046			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63055			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63064			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	63066			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63077			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63077			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63085			*	Not Required	Not Required	Not Required Not Required	· ·	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63085			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required	Required Required	Required Required	
Medical	(Orthopedics) Bone and Joint	63101			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	(Orthopedics) Bone and Joint					· ·							
	(Orthopedics) Bone and Joint	63170			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63172			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63173			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63185			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63190			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63191			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63197			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63200			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)	63250			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	63251			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63252			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63266			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63268			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63270			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	(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	
	(i.

				Commercial	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Bone and Joint	63305		HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63306		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63307		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63308		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	(Orthopedics) Bone and Joint	63661		,								
Medical	(Orthopedics)	64450		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2,
Medical	Bone and Joint (Orthopedics) Bone and Joint	64454		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	(Orthopedics) Nervous System			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	64553		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Neurology) Nervous System	64555		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Neurology) Durable Medical	64561		Required	Required	Required	Required	Not Required	Required	Required	Required	
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 Medical	Sleep Medicine Sleep Medicine	64582 64583		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	64584		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64590		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64596		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	64640		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Reconstructive Surgery and/or Cosmetic Services	64821		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64822		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64823		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64999		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: 640.001,640.005,640.01,640.011,640.019,640.116,640.011,640.011,640.019,640.016,640.0
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Eyes (Ophthalmology)	66183		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	66989 66991		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67715		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67900		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67901		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67902		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67903		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67904		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67906		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67908		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67909		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67914		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

				Commercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Fully Insured Rate Code (Commercial Products, b not limited to: HMO, PPC EPO, POS & HNY EPO)		Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	67915		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67916		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67917		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67921		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67922		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67923		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67924		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67938		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67950		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	68841		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	69300		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69705		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69706		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69714		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69716		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69717		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69719		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69729		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69730		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69799		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69930		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Radiation Therapy	75894		Required (By Diagnosis - see last colum	Required n) (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: I86.2, N94.89, R10.2
Medical	Radiology (Imaging) Services Radiology (Imaging)	76497		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Services Genetic Testing	77086 81120		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	
Medical	Genetic Testing	81121		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81162 81163	<u> </u>	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81164		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81165 81166	 	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testing	81167		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81171 81172		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81175		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81177		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81178 81179	1	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81180		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81181 81182		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81183		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81184	_	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81185 81186	†	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81187		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81188 81190	 	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81191	<u> </u>	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81192	1	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81193 81194	†	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81200		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	

				Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue	Fully Insured	Self Funded		HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code (Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO, EPO &	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	POS)							
Medical Medical	Genetic Testing Genetic Testing	81201 81202		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81203 81204		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81205 81208		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81209		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81210 81212		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81215		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81216 81217		Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81223 81224		Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81225		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81226 81227		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81228 81229		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81230		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81231 81233		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81234 81235		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81238		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81242 81243		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81244 81250		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81251		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81252 81253		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81254 81255		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81257		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81258 81259		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81260		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81261 81263		Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81264 81265		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81266		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	81267 81268		Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81269 81272		Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81273		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81275 81276		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81277 81284		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81285		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81286 81287		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81288 81289		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81290		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81292 81293		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81294 81295		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81296		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81297 81298		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing	81299		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81300 81301		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81302 81303		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81304 81305		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	
Medical	Genetic Testing	81306		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81307 81308		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81309 81310		Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required	
Medical	Genetic Testing	81311		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81312 81313		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81314		Not Required Not Required	Not Required Not Required	Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	81315 81317		Required	Required	Required Required	Required Required	Not Required	Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81318 81319		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81320 81321		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required	Not Required Not Required	
Medical	Genetic Testing	81322		Required	Required	Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81323 81324		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	·
Medical	Genetic Testing	81325		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Digestive System	81326 81327		Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required	Required Not Required	Required Not Required	
Medical Medical	(Gastroenterology) Genetic Testing	81327 81330		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81331		Required	Required	Required	Required	Not Required	Required	Not Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81332 81335		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing	81336 81337		Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Required Required	Required	
medical	Genetic Testing	81337		Not kequired	Not Required	Not Required	Not Required	Not Required	nuc required	required	Required	

				Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code (Commercial Products, not limited to: HMO, PF		Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	POS)							
Medical Medical	Genetic Testing Genetic Testing	81349 81351		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Not Required	Not Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81352		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81353 81400		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Laboratory	81401		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81402 81403		Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81404		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Laboratory Genetic Testing	81405 81406		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81407		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81408 81410		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81411		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81412 81413		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81414		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81415 81416		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81417		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81418 81419		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81422		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81425 81426	-	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81427		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81432 81434		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81435		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81439 81440		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81441		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81442 81443	-	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81445		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81448 81449		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81450		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81451 81455		Required Required	Required Required	Not Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81456		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81457 81458		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81459		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81460 81462		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81463		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81464 81465		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81470		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81471 81479		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not 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	81506		Required	Required	Required	Required	Required	Required	Required	Required	
	Procedures/ Services			•						The state of the s		
Medical Medical	Genetic Testing Genetic Testing	81518 81519		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81520		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81521 81522		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81523		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81529 81535		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	81536		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	81538 81539		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81540		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81541 81542		Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81546		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81551 81552	-	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81554		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	81595 81599		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Genetic Testing Genetic Testing	81599 84433		Not Required	Not Required	Not Required	Not Required	Required	Not Required Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	86152 86153		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical	Laboratory	88120		Required	Required	Required	Required	Not Required	Not Required	Required	Required Required	
Medical	Laboratory	88121		Not Required	Not Required	Required	Required Not Required	Not Required	Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	88240 88261		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	88263 88264		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not 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	Not Required	Required	Required	
Medical Medical	Genetic Testing Laboratory	88275 88361		Required Not Required	Required Not Required	Not Required Required	Not Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Women's Health (Obstetrics &	89251		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
medicai	Gynecology)	09251		Kequired	kequirea	not required	NOT Kednised	NOL REQUIRED	NOL REQUIRED	required	required	
Medical	Women's Health (Obstetrics &	89253		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
	Gynecology)				· ·		·	·			· · · · · · · · · · · · · · · · · · ·	
Medical Medical	Genetic Testing Genetic Testing	89290 89291	-	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Digestive System	91110		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
ricultal	(Gastroenterology)	91110		required	Required	not required	Not Required	required	requireu	required	Nequireu	

				Commercial								
				Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	limited to: HMO, PPO, EPO &			Child Health Plus	Essential Plan	Managed Medicaid	Program	
				HNY EPO)	POS)							
Medical	Digestive System (Gastroenterology)	91111		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System	91113		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Eyes (Ophthalmology)	92145		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	92310 92311		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical	Eyes (Ophthalmology)	92313		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	92507		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and	92508		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Rehabilitation Nervous System	92517		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Nervous System									· ·		
Medical	(Neurology) Nervous System	92518		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(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	92549		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Rehabilitation Experimental and					•		1		· ·		
Medical	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	93150		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Codes Miscellaneous & Unlisted											
Medical	Codes Miscellaneous & Unlisted	93151		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	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	93452		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	93454		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Cardiovascular) Heart and Blood Vessel				·						·	
Medical	(Cardiovascular) Heart and Blood Vessel	93458		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular)	93459		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93462		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93702		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	93980		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Sleep Medicine	93981 95782		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Sleep Medicine	95783		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	95803 95805		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Sleep Medicine	95807		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	95808 95810		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical	Sleep Medicine	95811		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	95939		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System	96116		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	96121		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Neurology) Nervous System											
Medical	(Neurology)	96132		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96133		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96136		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health	96137		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology) Behavioral Health	96138		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Psychology) Nervous System											
Medical	(Neurology)	96139		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	96573 96574		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	97605		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	97606 97607		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	97608		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	97799		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Hospice Services	99377		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Hospice Services Transportation	99378 A0080		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	A0090		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical Medical	Transportation Transportation	A0140		Not Required	Not Required	Required Not Required	Required	Required	Required Not Required	Required	Required	
Medical Medical	Transportation Transportation	A0180 A0190		Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transportation	A0210		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2001 A2002	-	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	A2004		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2005 A2007		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	A2008		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2009 A2010		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
- reacca		74010		подино	required	Hot ricquires	not required	Hot required	not required	- NOT NEGOTICO	HOL NEGUIEG	+

				Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Fully Insured Rate Code (Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	TIMO D-SILP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (II applicable)
Medical	Skin (Dermatology)	A2011		HNY EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2012		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2013 A2014		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2015 A2016		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	A2016 A2017		Required Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	A2018		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2019 A2020		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	A2021		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2026 A2027		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	A2028		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2029 A2030		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	A2031		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2032 A2033		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	A2034		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2035 A2036		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	A2037		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2038 A2039		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Digestive System	A2039 A4238		Not Required	Not Required	Required	Required	Required	Required	Not Required Not Required	Not Required Not Required	
	(Gastroenterology)		-						-,			
Medical	Durable Medical Equipment	A6512		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	A9156		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and											
Medical	Investigational Procedures/ Services	A9268	1	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and											
Medical	Investigational	A9269		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Eyes (Ophthalmology)	A9292		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging)	A9697		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
110000	Services Durable Medical										10111040100	
Medical	Equipment	A9900		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999		Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Food (Nutrition) Nervous System	B9999		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	(Neurology)	C1767		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Erectile Dysfunction	C1783 C1813		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Nervous System	C1820		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	(Neurology) Bone and Joint						-		·	-		
Medical	(Orthopedics)	C1821		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1822		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Neuromuscular											
Medical	Stimulation and Electrical Shock Units	C1825		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint	C1827		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Ficultur	(Orthopedics) Experimental and	CIOL		requires	required	Not required	Not required	Not required	Not required	not required	Not required	
Medical	Investigational	C1832		Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Bone and Joint											
Medical	(Orthopedics)	C2614		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	C2618		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
Medical	Heart and Blood Vessel	C2624		(By Diagnosis - see last column) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	203.70
Medical	(Cardiovascular) Erectile Dysfunction	C2622		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C5273		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	C5277 C9354		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	C9356		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Sleep Medicine	C9363 C9727		Not Required	Not Required	Not Required	Not Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Miscellaneous & Unlisted	C9727 C9734		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
	Codes Digestive System		-		· ·	· · · · · · · · · · · · · · · · · · ·		-	·	·		
Medical	(Gastroenterology)	C9784		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System	C9785		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Clinical Trials *	C9792		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	+
Medical	Digestive System	C9796		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Gastroenterology) Urinary	E0201	<u> </u>									
Medical	System(Genitourinary)			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	E0470 E0471	-	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	E0601		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	E0769	1	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical	E1399		Required	Required	Required	Required	Required	Required	Required	Required	
	Equipment Durable Medical						-	-	· ·			
Medical	Equipment	E3000		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Hospice Services Nervous System	G0182		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Neurology)	G0255		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
		_	_				·	· · · · · · · · · · · · · · · · · · ·		·	·	· · · · · · · · · · · · · · · · · · ·

				Commercial								
				Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
				not limited to: HMO, PPO, EPO, POS &	limited to: HMO, PPO, EPO & POS)						Program	
	Bone and loint			HNY EPO)								
Medical	(Orthopedics) Miscellaneous & Unlisted	G0276		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Codes	G0277		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Transplants	G0341 G0342		Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required	Required Required	Required	
Medical	Transplants Transplants	G0342 G0343		Required Required	Required	Not Required	Not Required Not Required	Required	Required Required	Required	Required Required	
Medical	Therapy and Rehabilitation	G0422		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	G0423		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint	G0428		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics) Sleep Medicine	G0429		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	G0455		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	G0460 G0465		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Alternative Medicine	H0051		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	30270 30275		Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	J2440		Not Required	Not Required	Not Required	Required Net Descriped	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction Experimental and	32760		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Investigational Procedures/ Services	33570		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	J7330		Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	37402		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	(Otorhinolaryngology)	3/402		Required	Required	Required	kequirea	Not kequired	Kequirea	Not Required	Not kequired	
Medical	Durable Medical Equipment	K0898		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint	L1320		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	L1499		Required	Required	Required	Required	Required	Required	Required	Required	
	(Orthopedics) Bone and Joint											
Medical	(Orthopedics) Durable Medical	L2006		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Equipment	L2999		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L3649		Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L3999		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L6805		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	L7259		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical	18499		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Equipment Urinary	L8603		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
	System(Genitourinary) Urinary									-	-	
Medical	System(Genitourinary) Urinary	L8604		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary)	L8605		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8606		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology) Experimental and	L8612		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Investigational Procedures/ Services	M0075		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Blood Disorder	M0300		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Hematology) Skin (Dermatology)	P9020		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q2026 Q4101		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4104		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4105 Q4106		Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4107 Q4108		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	Q4110		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4111 Q4112		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4113		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	Q4115		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology)	Q4116 Q4117		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4118 Q4121		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology)	Q4122		Required	Required	Required	Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4123 Q4124		Required Required	Required Required	Required Required	Required Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4125 Q4126		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4127 Q4128		Required Required	Required Required	Not Required Required	Not Required Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4130		Required	Required	Required	Required	Required Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4132 Q4133		Required Not Required	Required Not Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4134		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
rieutdi	Skill (Derliacolody)	Ú4133	1	Required	Requireu	NOL Required	NOL Required	Not Required	NOL Required	Required	Requireu	+

				Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code (Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4136 Q4137		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4138		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4139 Q4140		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4141 Q4142		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	Q4143		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4145 Q4146		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4147 Q4148		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4149 Q4150		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4151		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4152 Q4153		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4154 Q4155		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4156		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4157 Q4158		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4159 Q4160		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4161		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4162 Q4163		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4164 Q4165		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4166 Q4167		Required Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4169		Required	Required Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4170 Q4171		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4173 Q4174		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4175		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4176 Q4177		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4178 Q4179		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4180 Q4181		Required Required	Required Required	Required Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4182		Required	Required	Required	Required Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4183 Q4184		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4185 Q4186		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4188		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4189 Q4190		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4191 O4192		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4193 Q4194		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4195		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4196 Q4197		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4198 Q4199		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology)	Q4200		Required	Required	Required Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4201 Q4212		Required Required	Required Required	Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4217 Q4224		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4225 Q4229		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4230		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4232 Q4233		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4234 Q4235		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4236		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4237 Q4238		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4239 Q4240		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	<u> </u>
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4241 Q4242		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4245		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4246 Q4247		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4248 Q4249		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4250		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4251 Q4252		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4253 Q4254		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4255 Q4256		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4257		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4258 Q4259		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4260 Q4261		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4262		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4263 Q4264		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology)			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

Marie Mari					Commercial	Commercial							
The color The		Category			not limited to: HMO, PPO,	Self Funded (Commercial Products, but not	Medicare	HMO D-SNP			Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
Dec 100					HNY EPO)	POS)							
March Marc	Medical		Q4267				Required Required				Not Required Not Required	Not Required Not Required	
The color													
	Medical	Skin (Dermatology)	Q4270		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
March Marc													
December Color C	Medical	Skin (Dermatology)	Q4273		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Description One Desc							Required Required			Not Required Not Required			
Mary Control						Required Required							
March School Section	Medical	Skin (Dermatology)	Q4279		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Contract Color C													
December December	Medical	Skin (Dermatology)	Q4282		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Controlled Color													
March St. Decrees Gold St. Decree													
No. Section	Medical	Skin (Dermatology)	Q4287		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Section 1900													
Mode Sp. Personnell	Medical	Skin (Dermatology)	Q4290		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Discreption Color	Medical	Skin (Dermatology)	Q4292		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March St. Owner Control Cont	Medical Medical	Skin (Dermatology)	Q4293 Q4294		Required	Required	Required	Required Required	Not Required	Not Required	Not Required	Not Required	
PACK 10. Commons Com	Medical	Skin (Dermatology)	Q4295		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March Marc													
March Marc	Medical	Skin (Dermatology)	Q4298		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Description Color													
March Marc	Medical	Skin (Dermatology)	Q4301		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Decoration Cold													
March Marc		Skin (Dermatology)			Required	Required	Required	Required	Not Required				
						Required							
March Marc													
Montal Procession Only	Medical	Skin (Dermatology)	Q4309		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March Marc													
Marcol Sci. Demotropical Col. September Se	Medical	Skin (Dermatology)	Q4312		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Mode		Skin (Dermatology) Skin (Dermatology)								Not Required Not Required			
Model		Skin (Dermatology)	Q4315		Required	Required	Required	Required	Not Required	Not Required			
Model Ser. December Se	Medical	Skin (Dermatology)	Q4317		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model								Required					
Model	Medical	Skin (Dermatology)	Q4320		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Model 9a (Correspond)			Q4321 Q4322		Required	Required							
Model Sai Demototicy Child Regard Rega		Skin (Dermatology)	Q4323		Required	Required	Required	Required	Not Required	Not Required		Not Required	
Medial Sin (Demandatory) C-1-1-5 Required Req		Skin (Dermatology)	Q4324 Q4325		Required Required		Required Required		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical San (Dementation) C-9333 Resoured Required Required Red Required Not Req								Required					
Medial Set Dimensional Oct Set Dimensional Not Required	Medical	Skin (Dermatology)	Q4331		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sen (Dermatshoop) C-1235 Required Req		Skin (Dermatology)								Not Required		Not Required	
Medical Sin (Demandation) C-5337 Beautifed Required Requi	Medical	Skin (Dermatology)	Q4335		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Sin (Dermatolocy) C138 Required Requi	Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4336 Q4337		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required		Required Required	
Medical Sain (Demandoson) CV-140 Required Req	Medical	Skin (Dermatology)	Q4338		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Sen (Demretology) C43-12 Required Req	Medical	Skin (Dermatology)	Q4340		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Sin (Dermatology) Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-Q-	Medical	Skin (Dermatology)	Q4341		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Sin (Dermatoloopy) Q43-55 Required Required Mod Required Not Required Requir	Medical	Skin (Dermatology)	Q4343		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Sain (Demastolony) Q3346 Required Required Required Required Not Requ	Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4344 Q4345		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	+
Medical Sin (Dematoloxy) 0.148 Required Required Required Required Not	Medical	Skin (Dermatology)	Q4346		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Dematoloxy) 0-149 Required Required Required Required Not	Medical	Skin (Dermatology)	Q4348		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Dematoloxy) O-1351 Required Required Required Required Not Requi	Medical	Skin (Dermatology)	Q4349		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Demaslooy) 04352 Required Required Required Required Not Require	Medical	Skin (Dermatology)	Q4351		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Skin (Dematoloxy) 04354 Required Required Required Required Required Not Re	Medical Medical	Skin (Dermatology)	Q4352 Q4353		Required Required	Required Required	Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Skin (Dematoloxy) 0-4356 Required Required Required Required Net Required Not Required N	Medical	Skin (Dermatology)	Q4354		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Dematoloxy) 04377 Required Required Required Required Not		Skin (Dermatology) Skin (Dermatology)						Required Required	Not Required	Not Required Not Required		Not Required Not Required	+
Medical Skin (Dematoloxy) (24359 Required Required Required Required Net Required N	Medical	Skin (Dermatology)	Q4357		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Dematoloxy) 04360 Required Required Required Required Not							Required Required						
Medical Skin (Dermatoloxy) 0-4362 Required Required Required Required Net Required	Medical	Skin (Dermatology)	Q4360		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Skin (Dermatoloxy) Q4363 Required Required Required Required Required Not Required			Q4362				Required		Not Required	Not Required			
Medical Skin (Dematoloxy) Q-4355 Required Required Required Required Net Required Net Required Not Required Not Required Medical Skin (Dematoloxy) Q-4367 Required Required Required Not Required Not Required Not Required Medical Skin (Dematoloxy) Q-4367 Required Required Required Not Required Not Required Medical Skin (Dematoloxy) Q-4368 Required Required Required Not Required Not Required Medical Skin (Dematoloxy) Q-4369 Required Required Not Required Not Required Not Required Medical Skin (Dematoloxy) Q-4369 Required Required Not Required Not Required Not Required			Q4363						Not Required	Not Required			
Medical Skin (Dermatology) Q-4367 Required Required Required Mct Required Not Required	Medical	Skin (Dermatology)	Q4365		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Sin (Demotology) Q4368 Required Required Required Required Net									Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
	Medical	Skin (Dermatology)	Q4368		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
required required required required i not required i not required i not required NOT NECULIFED	Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	

				Commercial								
Is the code BH, DME,		December	D	Fully Insured	Commercial Self Funded			Safety Net	Cofety Net	Safety Net	Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, not limited to: HMO, PI	(Commercial Products, but not	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	limited to: HMO, PPO, EPO & POS)							
Medical Medical	Skin (Dermatology)	Q4371		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4372 Q4373		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4375 Q4376		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4377		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4378 Q4379		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4380 Q4382		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4383		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4384 Q4385		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4386 Q4387		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4388		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4389 Q4390		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4391 Q4392		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4393		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4394 Q4395		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4396 Q4397		Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Hospice Services	Q5006		Required Not Required	Required Not Required	Not Required	Not Required	Not Required Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Hospice Services Hospice Services	Q5009 Q5010		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	R0076		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Transportation Transportation	S0207 S0208		Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Hospice Services	S0255 S0271		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Hospice Services Eyes (Ophthalmology)	S02/1 S0596		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Ears and Nose and Throat	S1091		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	(Otorhinolaryngology)			,	·							
Medical Medical	Transplants Transplants	S2053 S2054		Required Required	Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	S2060 S2061		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants	S2065		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Blood Disorder	S2102 S2120		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required	Required Not Required	Required Not Required	
	(Hematology)	S2120 S2140							Not Required			
Medical Medical	Transplants Transplants	52142		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Transplants Transplants	S2150 S2152		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not 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 Medical	Genetic Testing Genetic Testing	S3844 S3846		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	S3849 S3850		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	S3852		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	S3853 S3854		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	S3861		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	S3865 S3866		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required 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	S5130		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	55165		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
	Infusion Nursing Visits Home Care & Home				-		-			(Ages 22 & older)		
Medical	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	Not Required	Not 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	59122		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	59123		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Infusion Nursing Visits Home Care & Home			,	-	· ·				· ·		
Medical	Infusion Nursing Visits Home Care & Home	59124		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits	S9125		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	59126		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home	S9127	None	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	59127	780	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
	Infusion Nursing Visits Home Care & Home			· ·	·			· ·				
Medical	Infusion Nursing Visits	59127	789	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	

				Comr	mercial								
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial not limited t	Products, but to: HMO, PPO, POS &	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO &	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)
	Therapy and		-	-	EPO)	POS)							
Medical	Rehabilitation Therapy and	59128	None		equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation	59128	780		equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	59128	789	Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	59129	None	Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	59129	780	Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	789	Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9131		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and	59152		Not R	equired	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Rehabilitation Transportation	59960			uired	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transportation Home Care & Home	59961			uired	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	T1000			equired	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits	T1001	None	Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780	Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789	Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home	T1004		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1019			equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1020			equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Infusion Nursing Visits Home Care & Home					·	•			·	·	· ·	
Medical	Infusion Nursing Visits Home Care & Home	T1021			equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits	T1030		Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	T1999		Not R	equired	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transportation Transportation	T2001 T2004			equired equired	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	T2005		Not R	equired	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical Medical	Transportation Home Care & Home	T2007 T2028			uired equired	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Required	Required Not Required	
	Infusion Nursing Visits Durable Medical										(Ages 22 & older)		
Medical	Equipment	T2029		Not R	equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038		Not R	equired	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			equired	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required	
Medical Medical	Hospice Services	T2042 T2043			equired equired	Not Required Not Required	Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Hospice Services Hospice Services	T2043		Not R	equired	Not Required	Not Required Not Required	Not Required	Required	Not Required	Required Required	Required Required	
Medical Medical	Hospice Services Hospice Services	T2045 T2046		Not R	equired equired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Durable Medical	T5999			uired	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Equipment Eyes (Ophthalmology)	V2199		Not R	equired	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	V2299 V2399			equired equired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Eyes (Ophthalmology)	V2499		Not R	equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	V2700 V2799			equired equired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Therapy and Rehabilitation	V5362			equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and	V5363		Not R	equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	V5364			equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Rehabilitation Hospice Services	NONE	0650		equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0651	Not R	equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Hospice Services Hospice Services	NONE	0652 0655	Not R	equired equired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Hospice Services	NONE	0656	Not R	equired	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0657	Not R	equired	Not Required	Not Required	Not Required	Required Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0659		equired	Not Required	Not Required	Not Required		Not Required	Required	Required	
Medical	Neonatal Intensive Care	NONE	0172		on Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0173		on Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0174		on Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0179	Notificatio	on Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	