

February 1, 2026

UTILIZATION MANAGEMENT STANDARD CLINICAL REVIEW PREAUTHORIZATION LIST

The following services require clinical review preauthorization for, Commercial products, Essential Plan, Medicanc, Dual Flightie Special Needs Plan (MRN, 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 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.excellustchs.com/authorizations/request-authorization

CareCentrix

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

Phone Requests: Phone: 1-888-333-9036, Monday through Friday from 7:00 a.m. – 7:00 p.m. Internet Requests: Interp./provider excellustchs.com/authorizations/medic_levior-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 Insulad Membershap and Selfen Net Including Essential Plans: Please review each code to determine if authorization is required through Univera Health Plan for the EVICore exclusions

Is the code BH, DME,		Procedure	Revenue		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)
BH/Medical	Behavioral Health (Psychology)	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	
BH	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
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	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	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
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)	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	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)	Notification is Required. If out of	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)	
ВН	Behavioral Health (Psychology)	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
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)	

					Commercial	Commercial							
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)
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)	
BH	Behavioral Health (Psychology)	H2012	None		Required	Required	Not Required	Required	Not Required	Required	Not Required	Not Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0900		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
BH Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not Required	Required	Not Required	Required	Not Required	Not Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not 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)	H2014	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)	H2014	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 initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014	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)	H2014	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 intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014	0240	8014	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014	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	
ВН	Behavioral Health (Psychology)	H2014	0900	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014	0911	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	

					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)
ВН	#N/A	H2015	0900	8009	HNÝ 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 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	#N/A	H2015	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	#N/A	H2015	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	#N/A	H2015	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	#N/A	H2015	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 initial service period.	Not Required	
ВН	#N/A	H2015	0911	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
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	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0900	8015	Not Required	Not Required	Not Required	member of HARP) 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)	H2023	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 intial 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	
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 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)	Notification is Required. If out of	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	S5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
ВН	Behavioral Health (Psychology)	S5150	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 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	

					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)
ВН	Behavioral Health (Psychology)	S5150	0911	8023	HNÝ 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 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)	S5150	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 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)	S5150	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 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)	S5150	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 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)	S5150	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 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)	S5150	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 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)	S5150	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 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)	S5150		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)	S5150	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 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)	S5150	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)	S5150			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
ВН	Behavioral Health (Psychology) Behavioral Health	S5150			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH BH	(Psychology) Behavioral Health (Psychology)	S5151 S5151	0900	8024	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	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 Not Required	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.	Required Not Required	
ВН	Behavioral Health (Psychology)	S5151	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 initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151	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 initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	S5151	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	

					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)
ВН	Behavioral Health (Psychology)	S5151	0900	8029	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 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)	S5151	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 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)	S5151	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 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)	S5151	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	
BH	Behavioral Health (Psychology)	S5151		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)	S5151	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 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)	S5151	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)	S5151			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	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			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)	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	
BH	Behavioral Health (Psychology)	T2015	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	T2015	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	
вн	Behavioral Health (Psychology)	T2015	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 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)	T2015	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 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)	T2015	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 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)	T2015	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 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 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)
					HNY EPO)	& POS)			Notification Required only				
	Behavioral Health								for the initial service period of 60 days/96 units/24		Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	T2015	0911	8008	Not Required	Not Required	Not Required	Not Required	hours; Prior Authorization Required for Concurrent	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									Review beyond the intial service period.		intial service period.		
ВН	Therapy and Rehabilitation	T2017			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	Therapy and Rehabilitation	T2019	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
									Notification Required only for the initial service period		Notification Required only for the initial service period of 60		
ВН	#N/A	T2020	0240	7933	Not Required	Not Required	Not Required	Not Required	of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period		Notification Required only for		
ВН	#N/A	T2020	0240	7934	Not Required	Not Required	Not Required	Not Required	of 60 days/96 units/24 hours: Prior Authorization	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
									Required for Concurrent Review beyond the intial		Authorization Required for Concurrent Review beyond the		
									service period. Notification Required only		intial service period. Notification Required only for		
									for the initial service period of 60 days/96 units/24		the initial service period of 60 days/96 units/24 hours; Prior		
BH	#N/A	T2020	0240	7935	Not Required	Not Required	Not Required	Not Required	hours; Prior Authorization Required for Concurrent	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									Review beyond the intial service period.		intial service period.		
					PLEASE READ IN FULL (If a service is Rendered in NYS.	PLEASE READ IN FULL (If a service is Rendered in NYS.		PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in NYS.	PLEASE READ IN FULL (If a service is Rendered in NYS.	
BH	#N/A		0124		Notification is Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	Not Required	NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS,	NYS, Notification is Required. If out of NYS,	Notification is Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	
					PLEASE READ IN FULL	PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	PLEASE READ IN FULL	PLEASE READ IN FULL	
ВН	#N/A		0126		(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required. If out of	Not Required	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	(If a service is Rendered in NYS, Notification is Required. If out of NYS,	(If a service is Rendered in NYS, Notification is Required. If out of NYS.	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required. If out of	
					NYS, Authorization is Required)	NYS, Authorization is Required)		Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	NYS, Authorization is Required)	NYS, Authorization is Required)	
BH	#N/A		0128		PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	Not Required	(If a service is Rendered in NYS, Notification is Required, If	(If a service is Rendered in NYS, Notification is	(If a service is Rendered in NYS, Notification is	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	
511	*****		0120		Notification is Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	Tot requires	out of NYS, Authorization is	Required. If out of NYS, Authorization is Required)	Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	
					PLEASE READ IN FULL	PLEASE READ IN FULL		PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL	PLEASE READ IN FULL	
ВН	#N/A		1002		(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required. If out of	Not Required	NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS,	NYS, Notification is Required. If out of NYS,	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required. If out of	
					NYS, Authorization is Required) PLEASE READ IN FULL	NYS, Authorization is Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	Authorization is Required) PLEASE READ IN FULL	NYS, Authorization is Required) PLEASE READ IN FULL	NYS, Authorization is Required) PLEASE READ IN FULL	
ВН	#N/A		1001		(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required. If out of	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is	(If a service is Rendered in NYS, Notification is	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS,	
					NYS, Authorization is Required)	NYS, Authorization is Required)		out of NYS, Authorization is Required)	Required. If out of NYS, Authorization is Required)	Required. If out of NYS, Authorization is Required)	NYS, Authorization is Required)		
DME	Digestive System (Gastroenterology)	A4239			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	A4468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4520			Required	Required	Not Required	Not Required	Not Required	Not 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	A4554			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	A4560			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME DME	Equipment Durable Medical	A4575 A4593			Required	Required	Required	Required	Required Not Required	Required	Required	Required	
DME	Equipment Durable Medical	A4593 A4594			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	
DME	Equipment Durable Medical	A4594 A6501			Not Required	Not Required	Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required	Not kequired Required	
DME	Equipment Durable Medical	A6503			Not Required	Not Required 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 Skin (Dermatology)	A9272			Required	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) Durable Medical	A9278			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	A9280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	A9281			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Food (Nutrition)	A9282 B9004			Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
DME	Durable Medical Equipment	E0193			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			Not Required	Not Required	Not Required	Not 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 Equipment	E0240			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	•

					Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	Fully Insured (Commercial Products, but	Commercial 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	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	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (if applicable)
	Durable Medical				HNY EPO)	& POS)							
DME	Equipment Durable Medical	E0245			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME DME	Equipment Durable Medical	E0255			Required	Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0256 E0260			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
DME	Equipment Durable Medical	E0261			Required	Required Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Kequired Required	Not kequired Required	
DME	Equipment Durable Medical	E0261			Not Required	Not Required	Not Required Required	Not Required	Not Required	Not Required Not Required	Required Required	Required	
DME	Equipment Durable Medical	F0274			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F0277			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 Durable Medical	E0292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0294			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment 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 Equipment	E0328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0372			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0445			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0446 E0466			Required Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine Durable Medical	E0466 E0467			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
DME	Equipment 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	Lunas (Respiratory)	E0482 E0483			Required Required	Required	Not Required	Not Required	Not Required	Not Required	Required Required Required	Required	
DME	Lunas (Respiratory) Sleep Medicine	E0485			Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required	Required Not Required	
DME DME	Lunas (Respiratory) Sleep Medicine	E0486 E0490			Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME 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	Sleep Medicine Durable Medical	E0493			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Heart and Blood Vessel	E0500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Cardiovascular) Durable Medical	E0616			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Home Care & Home	E0619			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME DME	Infusion Nursing Visits Home Care & Home	E0625			Not Required	Not Required	Not Required	Not Required	Required Required	Required Not Required	Not Required Required	Not Required Required	
DME	Infusion Nursing Visits Home Care & Home	E0627		1	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	
DME	Infusion Nursing Visits Durable Medical	E0637			Not kequired Required	Not kequired Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0637			Required	Required	Required	Not Kequired Required	Required	Required	Required	Required	
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 Durable Medical	E0652		1	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	E0655		1	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	E0656			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	E0658		1	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	
	Equipment	1	· · · · · · · · · · · · · · · · · · ·	-	1			1	4	1	1	1	1

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure Code	Revenue	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	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 &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	E0670			HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment 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	
DME	Equipment Durable Medical	E0678			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	E0679			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0680			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical 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			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	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0734			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Nervous System (Neurology)	E0735			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0738			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0739			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0747			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0748			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0749			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0760			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0764			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Digestive System (Gastroenterology)	E0765			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Cancer Treatment (Oncology) Durable Medical	E0766			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment 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	E0783			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinologo Durable Medical	"			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E0791			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	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0912			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0935			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0936 E0941			Required	Required Not Required	Required Not Required	Required	Not Required	Required	Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E0941 E0945			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	E0945 F1002			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Required	Not kequired Required	
DME	Equipment Durable Medical	E1002			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	E1003			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1004			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required	Required	
DME	Equipment Durable Medical	E1005			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required	Required	
DME	Equipment Durable Medical	F1007			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	Required	Required	
DME	Equipment Durable Medical	E1008			Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1011			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Di il	Equipment	21011		1	Not required	riot ricquired	not required	rroc recquired	nequired	Not required	nequico	recquired	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	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	E1016		HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1022		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	E1023		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1031		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1036		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1038		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1039		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1050		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1060		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1070		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1086		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1087		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1088		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	E1089		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1090		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1092		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1100		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1110		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1130 E1140		Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E1140		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1160		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1161		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1170		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1171		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1172		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment 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 Equipment	E1223		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1224		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1228		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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 DME	Equipment Durable Medical	E1231		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1232 E1233		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
DME	Equipment Durable Medical	E1233		Required	Required	Required	Required	Required	Required	Required Required	Required	
DME	Equipment Durable Medical	E1234		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1236		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1237		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment 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	E1240		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment 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	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	manageu medicaiu	Program	
DME	Durable Medical Equipment	E1295			HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1298			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1800			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1801			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1802			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (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	E1815			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1818			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	E1830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
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 F1905			Required Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1905 E2000			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 Not Required	
DME	Equipment Diabetes (Endocrinology)	E2000			Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required	Not Required Required	Not Required Not Required	Not Required Not Required	
DME	Diabetes (Endocrinology) Diabetes (Endocrinology)	E2102 E2103			Not Required Not Required	Not Required Not Required	Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
DME	Durable Medical	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2228			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2230			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2293			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2294			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment 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 Durable Medical	E2325			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2329			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME DME	Equipment Durable Medical	E2343 E2351			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	E2351 E2358			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Not Required Required	Not Required Required	
DME	Equipment Durable Medical	E2359			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2366			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2369			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment 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)	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	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 &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	E2500			HNY EPO) Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical 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	
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 Durable Medical	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	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 Durable Medical	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Equipment Heart and Blood Vesse				Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	(Cardiovascular) Durable Medical	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME DME	Equipment Durable Medical	K0739 K0800			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0801 K0802			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0802			Required Required	Required Required	Not Required Required	Not Required Required	Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0806 K0807			Required Required	Required Required	Not Required	Required Not Required	Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0807			Required	Required	Required	Not kequired Required	Required	Required Required	Required	Required	
DME	Equipment Durable Medical	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0813			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0816			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0821			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0823			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment 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	K0827			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment	KU82/			kequired .	required	required	required	Not kequired	not required	Required	required	1

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net	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 &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	K0828			HNY EPO) Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0829			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0830			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	K0831			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0835			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0836			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0837			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0838			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0839			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0841			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0842			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0843			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0848			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0849 K0850			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical				Required	Required	Required	Required	Required	Required	Required	Required	
DME DME	Equipment Durable Medical	K0851 K0852			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0852			Required	Required	Required	Not kequired 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 Durable Medical	K0856			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	K0857			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	K0858			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical 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 Durable Medical	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0885 K0886			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0886 K0890			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0890 K0891			Required	Required	Not Required Not Required	Not Required Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K1035			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K1035			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K1037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Bone and Joint (Orthopodics)	L0112			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L0456			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Durable Medical Equipment	L0457			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0480			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0482			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Durable Medical Equipment	L0484			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	Not Required	Not Required	Required	Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate C	de (Commercial Products, but	Commercial Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Bone and Joint	L0486		HNY EPO) Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L0488		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0490		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L0491		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0492		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0631		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0632		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0635		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0636		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0637		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0638		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0640		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Durable Medical Equipment	L0648		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L0700		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0710		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L0720		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L0830 L0859		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Durable Medical	1.0999		Not Required	Not Required	Not Required	Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
DME	Equipment Bone and Joint	L1005		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L1005		Required	Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
DME	(Orthopedics) 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	L1681		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L1686		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1700		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1720		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1730		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1755		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1832		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1833		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1840		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	L1843		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L1844		Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	L1845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L1846		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Bone and Joint	L1860		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
DME	(Orthopedics) Bone and Joint	L1933 L1945		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	
DME	(Orthopedics) Bone and Joint	L1945 L1950		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	
DME	(Orthopedics) Bone and Joint	L1950 L1951		Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L1951		Required	Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L1960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L1970		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L2005		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L2020		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2030		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2034		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2036		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2037		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	Not Required	Not Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Rate Co		Commercial Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutcyony	Code	Code Rate Co	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	riculture	11110 2 3111	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis requirements (ii applicable)
DME	Bone and Joint	L2128		HNY EPO) Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L2134		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L2136		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	(Orthopedics) 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)	L2520		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2525		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2526		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics) Bone and Joint	L2570		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2627		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2628		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L2861		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME DME	Equipment Bone and Joint	L3230 L3671		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required Not Required	Required Not Required	
	(Orthopedics) Durable Medical	L3671		Not Required	Not Required	Not Required	Not Required	Required	Not Required			
DME DME	Equipment Bone and Joint	L3674 L3720		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	
DME	(Orthopedics) Durable Medical	L3720 L3730		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	
DME	Equipment Bone and Joint	L3740		Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required	Not Required	
DME	(Orthopedics) Bone and Joint	L3764		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L3765		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L3766		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint (Orthopedics)	L3900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3901		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3904		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3905		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3961		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3962		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3967		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (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) Bone and Joint	L3975		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3976		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L3977		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L3978		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics) Durable Medical	L4631		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5010 L5020		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5020 L5050		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	
DME	Equipment Durable Medical	L5050		Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Kequired Required	Not Required Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5100		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5105		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5150		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5160		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5200		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5210		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5220		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5230		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5250		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5270		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5280		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5301		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5312		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	L5321			HNY EPO) 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 Equipment	L5341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5400			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5410			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5420			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5430			Not Required	Not Required	Not Required	Not Required	Not 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 Durable Medical	L5535			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5540		1	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5560		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5585 L5590			Not Required	Not Required	Not Required	Not Required	Required Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15595			Not Required	Not Required	Not Required	Not Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
DME	Equipment Durable Medical	L5600			Not Required 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	Not Required Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5611			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
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	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical 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	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	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5639			Not Required	Not Required	Not Required	Not Required	Not 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	Not 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	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5645			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5646			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5649 L5650			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	
DME	Equipment Durable Medical	L5650 L5651			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	
DME	Equipment Miscellaneous & Unliste				Not keguirea Required	Not kequired Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
DME	Codes Durable Medical	L5661			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5665			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment 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 Equipment	L5677			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5679			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5681			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5682			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5683			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

				Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Rate Coo	Fully Insured (Commercial Products, but	Commercial 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 Rate Coo	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	Program Program	Diagnosis Requirements (if applicable)
	Durable Medical			HNY EPO)	& POS)							
DME	Equipment Durable Medical	L5701		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	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5703		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5704		Not Required	Not Required	Not Required	Not Required	Not Required Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5705		Not Required	Not Required	Not Required	Not Required		Not Required	Required	Required	
DME DME	Equipment Durable Medical	L5706 L5707		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5707		Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
DME	Equipment Durable Medical	L5711		Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required Not Required	Required	Required	
DME	Equipment Durable Medical	15714		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5716		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5722		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5724		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5724		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5728		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5781		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment 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	
DME	Durable Medical Equipment	L5785		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5795		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L5810		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment 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	L5814		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5816		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5818		Not Required	Not Required	Not Required	Not Required	Not 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 & Unliste Codes	ed L5827		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5828		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5830		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5840		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5856		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5857		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5858		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5859		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment	L5920		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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 Equipment	L5960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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	L5966		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L5968		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(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	Not 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	L5979		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue	Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
DME	Durable Medical	L5980			HNY EPO) 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 Equipment	L5982			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5984			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5986			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5987			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5988			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5990			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5991			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	L5999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L6026			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Codes Miscellaneous & Unlisted	L6034			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6036 L6038	 		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	
DME	Codes Miscellaneous & Unlisted	L6039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Durable Medical	L6050			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	16055			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 Equipment	L6200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6205			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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 Durable Medical	L6386			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6388			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6400			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6450			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6550			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	
DME	Equipment Durable Medical	L6570 L6580		1	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	
DME	Equipment Durable Medical	L6580 L6582			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	
DME	Equipment Durable Medical	L6582			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required	Not Required Not Required	Required	Required Required	
DME	Equipment Durable Medical	L6584			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required	Not Required Not Required	Required	Required	
DME	Equipment Durable Medical	L6588			Not Required Not Required	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 Equipment	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	
	Equipment											· · · · · · · · · · · · · · · · · · ·	l

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	Fully Insured (Commercial Products, but	Commercial 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	Rate Code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO, EPO	medicare	IMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (il applicable)
	Durable Medical				HNY EPO)	& POS)							
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	L6638			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	L6647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME DME	Equipment Durable Medical	L6648 L6686			Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6687			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required Not Required	Required Required	Required Required	
DME	Equipment Durable Medical	L6688			Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	16689			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	Equipment Durable Medical	L6693			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
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 Durable Medical	L6697			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unliste Codes	ed L6700			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	L6706			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment 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	L6711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment 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 Equipment	L6810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6880			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6881			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6882			Required	Required	Required	Required	Required	Required	Not Required	Required	
DME	Durable Medical Equipment	L6883			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6884			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6885			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6895			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6905			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6910		1	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 Durable Medical	L6930		-	Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L6935			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6940			Not Required	Not Required	Not Required Not Required	Not Required	Required	Not Required	Required	Required Required	
	Equipment Durable Medical											110401100	
DME DME	Equipment Durable Medical	L6950 L6955			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required	Not Required	Required	Required Required	
DME	Equipment Durable Medical	L6955		1				Not Required	Required	Not Required	Required	-	
DME	Equipment Durable Medical	L6960 L6965		-	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	
DME	Equipment	L6965		1	Not kequired	Not kequired	Not kequirea	пот кедигеа	Kequirea	Not kequired	кедигеа	кедигеа	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	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	nate code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Piculcure	11110 5 5111	Child Health Plus	Essential Plan	Managed Medicaid	Program	biognoss requirements (ii oppineosie)
DME	Durable Medical	L6970			HNY EPO) Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L7009			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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	L7404			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L7405			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Codes Durable Medical	L7406 L7499			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
DME	Equipment Durable Medical	L5000			Not Required	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)	PA is Required for All diagnosis codes EXCEPT. C56.1, C56.2, C79.6.1, C79.6.2, C68.1., C50.1.2, C50.11, C50.12, C50.11, C50.211, C50.211, C50.211, C50.211, C50.211, C50.211, C50.212, C50.219, C50.211, C50.212, C50.211, C50.212, C50.2122, C50.21222, C50.2122, C50.21222, C50.2122, C50.21222, C50.21222, C50.21222, C50.21222, C50.21222, C50.21222, C50.21222
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8615			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8619			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8627			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8628			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics) Bone and Joint	L8692			Required	Required	Required	Required	Required	Required	Required	Required	
DME	(Orthopedics) Bone and loint	L8693			Not Required	Not Required	Not 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) Diabetes (Endocrinology)	L8702 S1030			Required	Required Required	Required Not Required	Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
DME	Diabetes (Endocrinology) Diabetes (Endocrinology)	S1030 S1031			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	Diabetes (Endocrinology)	S1031 S1035			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required Not Required	
DME	Diabetes (Endocrinology)	S1036			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1037			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Childrens Health	S1040			Required	Required	Not Required	Required	Required	Not Required	Required	Not Required	
DME	(Pediatric) Durable Medical Equipment	S5160			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	S5161			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME DME	Food (Nutrition) Durable Medical	S9433 T4521			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
DME	Equipment Durable Medical	T4521 T4522			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required Not Required	
DME	Equipment Durable Medical	T4523			Required	Required	Not Required	Not Required	Required	Not Required Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4524			Required	Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4525			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	T4526			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	T4527			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	T4528			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Equipment	·	· · · · · · · · · · · · · · · · · · ·	1	1	·	•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	·	+

				Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Rate Coo		Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code Rate Coo	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO	Ficulture	1110 0 5111	Child Health Plus	Essential Plan	Managed Medicaid	Program	biognoss requirements (ii appricative)
DME	Durable Medical	T4529		HNY EPO) Required	& POS) Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4530		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical Equipment	T4531		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4532		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4533		Required	Required	Not Required	Not Required	Required	Not 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	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4537		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4538		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4540		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	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	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	T4543		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	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	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5040		Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Required	Required	
DME	Durable Medical Equipment	V5070		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5080		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5120		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5130		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5140		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment	V5150		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	V5190		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5230		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5246		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5247		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5252		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5253		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5256 V5257		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	V5257 V5260		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required	Required	Required	Required Required	
DME	Equipment Durable Medical	V5260 V5261		Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Required Required	Required	Required	
EviCore	Equipment Bone and Joint	V5261 0213T		Not Required Required through EviCore	Not Required Not Required	Not Required Required through EviCore	Not Required Required through EviCore	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
(MSK) EviCore (MSK)	(Orthopedics) Bone and Joint	02131 0214T		Required through EviCore	Not Required Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required Not Required	Not Required	Not Required Not Required	
EviCore	(Orthopedics) Bone and Joint	02141 0215T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required Not Required	
(MSK) EviCore	(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	02101 0217T		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	02171 0218T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) 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 (Radiology)	Services Radiology (Imaging) 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	
(Radiology) EviCore (Radiation Therapy)	Services Radiation Therapy	0395T		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	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Realth Plus	Essential Plan	managed medicaid	Program	
EviCore	Heart and Blood Vessel	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	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel			· · · ·		-		-			· · ·	
(Cardiac Impl. Devices)	(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) EviCore	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology)	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) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology)	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	0635T 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)	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	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) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) 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	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 (Radiation Therapy)	Experimental and Investigational Procedures/ Services	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	
EviCore (MSK)	Bone and Joint (Orthopedics)	0784T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint	0785T										
	(Orthopedics)	0/031		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Cardiac Impl. Devices)	(Orthopedics) Heart and Blood Vessel (Cardiovascular)	0795T		Required through EviCore Required through EviCore	Not Required Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	Not Required Required through EviCore	
	Heart and Blood Vessel			.,		.,						
(Cardiac Impl. Devices) EviCore	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	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	0795T 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	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular)	0795T 0796T 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 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	
(Cardiac Impl. Devices) EVCore (Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular)	0795T 0796T 0797T 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	Required through EviCore Required through EviCore Required through EviCore Required through EviCore	Required through Ev/Core Required through Ev/Core Required through Ev/Core Required through Ev/Core	Required through EviCore Required through EviCore Required through EviCore Required through EviCore	Required through Ev/Core Required through Ev/Core Required through Ev/Core Required through Ev/Core	Required through EviCore Required through EviCore Required through EviCore Required through EviCore	Required through EviCore Required through EviCore Required through EviCore Required through EviCore	
(Cardiac Impl. Devices) EVICOR (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0795T 0796T 0797T 0801T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	
(Cardiac Impl, Devices) EViCore (Cardiac Impl, Devices)	Heart and Blood Vessel (Cardiovescular)	0795T 0796T 0797T 0801T 0802T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl, Devices) EViCore (Cardiac Impl, Devices)	Heart and Blood Vessel (Cardiovescular) Heart and Blood Vessel (Cardiovescular)	0795T 0796T 0796T 0797T 0801T 0802T 0803T 0823T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl, Devices) EVICore (Raddology) EVICore (Raddology)	Heart and Blood Vessel (Cardiovescular) Heart and Blood Vessel (Cardiovascular)	0795T 0796T 0797T 0801T 0802T 0803T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EVICore (Radioloxy) EVICore (Radioloxy) EVICore (Radioloxy) EVICore (Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovescular) Raddogy (Insaing) Raddogy (Insaing) Heart and Blood Vessel (Cardiovescular) Heart and Blood Vessel (Cardiovescular) Heart and Blood Vessel (Cardiovescular) Heart and Blood Vessel (Cardiovescular)	0795T 0796T 0796T 0797T 0801T 0802T 0803T 0823T 0825T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EVICore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovescular)	0795T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0865T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EViCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovescular)	0795T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0825T 0915T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EViCore EViCore (Cardiac Impl. Devices)	Heart and Slood Vessel (Cardiovescular) Bone and Jont Door Door Door Door Door Door Door Doo	0795T 0796T 0797T 0801T 0801T 0802T 0803T 0823T 0825T 0915T 0916T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EViCore (MSK) EViCore	Heart and Slood Vessel (Cardiovascular) Sloot Vessel (Cardiovascular) Heart and Slood Vessel (Cardiovascular) Dear and Slood Vessel (Cardiovascular) Bone and Joht (Orthopedics) Bone and Joht (Orthopedics) Bone and Joht Sloot S	0795T 0796T 0797T 0801T 0801T 0802T 0803T 0823T 0825T 0915T 0916T 0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EViCore (MSS) EViCore (MSS) EViCore	Heart and Slood Vessel (Cardiovascular) Sloop Heart and Sloop Sloop Heart and Sl	0795T 0796T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0915T 0916T 0923T 0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore	Required through Ev/Core	Required through Ev/Core	Required through EviCore	
(Cardiac Impl. Devices) EVICore (MSS) EVICore (MSS)	Heart and Blood Vessel (Cardiovascular)	0795T 0796T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0915T 0916T 0923T 0923T 0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through Ev/Core	Required through EviCore Not Required Not Required	Required through Ev/Core Not Required Not Required	Required through Ev/Core Not Required Not Required	Required through EviCore Not Required Not Required	
(Cardiac Impl. Devices) EViCore (MSS) EViCore (MSS) EViCore (MSS) EViCore (MSS)	Heart and Blood Vessel (Cardiovascular) Bene and Joht (Orthopedics) Bone and Joint (Orthopedics)	0795T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0825T 0915T 0916T 0923T 0933T 23000 23020 23460		Required through EviCore	Required through EviCore Not Required Not Required Not Required	Required through EviCore	Required through EviCore	Required through EviCore Not Required Not Required Not Required	Required through Ev/Core Not Required Not Required Not Required	Required through EviCore Not Required Not Required Not Required	Required through EviCore Not Required Not Required Not Required	
(Cardiac Impl. Devices) EVICore (MSK) EVICore (MSK) EVICore (MSK) EVICore	Heart and Blood Vessel (Cardiovescular) Redictory (Impairy) Septicises Heart and Blood Vessel (Cardiovescular) Bloom and Blood Vessel (Cardiovescular) Bloom and Blood Vessel (Cardiovescular) Bloom and Joint (Orthopedics)	0795T 0796T 0796T 0797T 0801T 0802T 0803T 0823T 0825T 0915T 0916T 0923T 0933T 23000 23020 23460 27280		Required through EviCore	Required through EviCore Not Required Not Required Required	Required through EviCore	Required through EviCore	Required through EviCore Not Required Not Required Not Required Not Required	Required through Ev/Core Not Required Not Required Not Required Not Required Not Required	Required through Ev/Core Not Required Not Required Not Required Not Required	Required through EviCore Not Required Not Required Not Required Not Required	

				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)
EviCore	Bone and Joint			HNY EPO)	& POS)							
(MSK) EviCore	(Orthopedics) Bone and Joint	29883 29884		Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	29885		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	Not Required	
(MSK) 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 (MSK)	(Orthopedics) Bone and Joint	29889		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	29914		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)	29915		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)	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) EviCore	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	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	
(Cardiac Impl. Devices)	(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) EviCore	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	
(Cardiac Impl. Devices)	(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	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	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	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33227 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	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	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	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	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	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	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	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) 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	
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) EviCore	Heart and Blood Vessel (Cardiovascular) Bone and Joint	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	
(MSK) EviCore	(Orthopedics) Bone and Joint	62324		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	62325		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics) Bone and Joint	62326 62327		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required Not Required	
EviCore (MSK) EviCore	(Orthopedics) #N/A	62327		Required through EviCore Required through EviCore	Not Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required				
(MSK) EviCore	#N/A	62331		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	Bone and Joint	62367		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore (MSK)	(Orthopedics) 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)	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)	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	64493		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	04493		Required dirough EVICore	NOL Kequired	required dirough Evicore	required dirough EVICore	NOE REQUIRED	NOT KEdnisea	иот кединеа	Not kequired	<u> </u>

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Code	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?	cutcyory	Code	Code	Nate code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	reacure	11110 5 5111	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnoss requirements (ii applicable)
EviCore	Bone and Joint	64510			HNY EPO) 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	64520			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	64633			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	64635			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore (Radiology)	(Orthopedics) Radiology (Imaging)	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 (Imaging)	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	Services Radiology (Imaging)	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)	Services Radiology (Imaging)	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) Services	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)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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)	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)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
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) Services	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)	Radiology (Imaging) Services	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)	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 Padiology (Imaging)	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) EviCore	Radiology (Imaging) Services Padiology (Imaging)	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	
(Radiology) EviCore	Radiology (Imaging) Services Padiology (Imaging)	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging) Radiology (Imaging)	71552		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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	72129		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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	72131 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	
(Radiology) EviCore	Services Radiology (Imaging)	ļ		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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	72141 72142		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) 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)	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	

					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 limited to: HMO, PPO, EPO	Medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore	Radiology (Imaging)				EPO, POS & HNY EPO)	& POS)							
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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) EviCore	Services Radiology (Imaging)	72157 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	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72158 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 Required through EviCore	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (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	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	
(Radiology) EviCore	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)	72194			Required through EviCore	Required through EviCare	Required through EviCore						
(Radiology) EviCore	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 (Radiology)	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	
EviCore	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 (Radiology)	Services Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) 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	
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) EviCore	Radiology (Imaging) Services Padiology (Imaging)	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology) EviCore	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	74175		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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	74177		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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Digestive System	74185		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) EviCore	(Gastroenterology) Digestive System	74261 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	
(Radiology) EviCore	(Gastroenterology) Digestive System	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	Required through EviCore Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Radiology (Imaging)	74263 75557		-	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	.,	Required through EviCore	.,	
(Radiology)	Services	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	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or riculari		couc	l cont	not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Cinia realer rias	ESSCHOOL FIGH	ridiaged recurding	Program	
EviCore (Radiology)	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) Services	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 Radiology (Imaging)	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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	75580 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	Required through EviCore Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	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	Required through EviCore Required through EviCore	
(Radiology) EviCore	Services 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	Required through EviCore Required through EviCore	
(Radiology) EviCore	Services 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	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	
(Radiology) EviCore (Radiology)	Services Cancer Treatment (Oncology)	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	
EviCore (Radiology)	(Oncology) Radiology (Imaging) Services	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	Radiation Therapy	77372		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	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)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
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	
(Radiation Therapy) EviCore	#N/A	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	#N/A	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	
(Radiation Therapy)	#N/A	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	
(Radiation Therapy) EviCore	Radiation Therapy Radiation Therapy	77520 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 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	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	Required through EviCore	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) 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) EviCore	Radiology (Imaging) Services Padiology (Imaging)	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	
(Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging) Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore	Services Radiology (Imaging)	78433 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	
(Radiology) EviCore	Services Radiology (Imaging)	78451 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	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)	78452 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	
(Radiology) EviCore	Services Radiology (Imaging)	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) EviCore	Services Radiology (Imaging)	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	
(Radiology) EviCore (Radiology)	Services Radiology (Imaging)	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	
(Radiology) EviCore (Radiology)	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)	Services	L			,							1

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Rate (code (Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or riculain		Code	Code	not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Cinia realer rias	ESCHOLI I ILII	ridiaged recurding	Program	
EviCore (Radiology)	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) 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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services Radiology (Imaging)	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	
EviCore (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	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	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	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	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	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 Radiology (Imaging)	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 (Radiology)	Services Radiation Therapy	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	
EviCore (Radiation Therapy)	Cancer Treatment (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	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95990		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95991		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (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)	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) EviCore	Bone and Joint (Orthopedics) Bone and Joint	C7505		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(Radiology)	(Orthopedics) Bone and loint	C7507		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(Radiology)	(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		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		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)	C8901		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 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	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)	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 (Radiology)	Services Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) 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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	C8931		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	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)	Radiology (Imaging) Services	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	
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)	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	
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)	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	

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EviCore	Radiology (Imaging)	G0219		HNY EPO) Required through EviCore	Required through EviCore	Not Required	Not Required	Required through EviCore	Required through eviCore	Not Required	Not Required	
(Radiology) EviCore	Services Radiology (Imaging)	G0219		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)	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	
(Radiology) EviCore (MSK)	Services Bone and Joint	G0260		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
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)	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	
EviCore (Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	Radiation Therapy Radiation Therapy	G6010 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	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	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	Required through EviCore	Required through EviCore	Required through EviCore Required through EviCore	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) EviCore	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	
(Radiation Therapy) 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) Bone and Joint	0200T		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)	0201T		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	0219T		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	0274T		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	0627T		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0628T 0629T		Required through EviCore Required through EviCore	Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0629T 0630T		Required through EviCore Required through EviCore	Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	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	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 (MSK)	(Orthopedics) Bone and Joint	22207		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	22208		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22210		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22214		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22216		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22220		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22224		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22226		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22510		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22511		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical	Bone and Joint	22512		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	

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(MSI) (Orthopedics) 22010 Required unough circuite Required unough circuite Required unough circuite Required unough circuite	
(MSQ) (Orthopedics) 2.31.00 Required attribugin Eviluate Necetaries Required attribugin Eviluate Required attribugin Eviluate Required attribugin Eviluate Required Tribugin Eviluate Required Tribugin Eviluate Required R	ired
EvCore/Medical Bone and Joint Required through EvCore Not Required through EvCore Not Required through EvCore Not Required Not Required Regulated Through EvCore	ed
Extraore/Netical Bone and Joint Bone and Joint Bone and Joint Required through EviCore Not Required through EviCore Required through EviCore Not Required Re	ed
Evicror/Medical Bone and Joint 2412 Required through EviCore Not Required 100 Requi	ed
Extraor/Medical Bone and Joint Bone and Joint Bone and Joint Required Mrough EviCore Not Required Mrough EviCore N	ed
EVICTOR/Medical Bone and Joint 2420 Required through EviCore Not Required through EviCore Required through EviCore Required through EviCore Not Required Req	ed
Except Medical Bone and Joint (MSG) (Orthopoles) 2430 Required through EviCore Not Required through EviCore Required through EviCore Not Required R	
Excom/Medical Bone and Joint (MSD) GOTHOOGES 23440 Required through EviCore Not Required Required through EviCore Required through EviCore Not Required Required Not Required	ed
Exceptifiedcal Bone and Joint (1950) Required through EviCore Not Required through EviCore Required through EviCore Not Required Not	
E/Core/Medical Series and John 1 Series and John 1 Series and John 1 Series and John 2 July 2	ed .
ECONPHECIAL Dense and Joint 2462 Required through EV/Core Not Required through EV/Core Required through EV/Core Not Required Requ	ad d

				Commercial Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Cod	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	Health and Recovery Program	Diagnosis Requirements (if applicable)
EviCore/Medical (MSK)	Bone and Joint	23465		HNY EPO) Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	23466		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	23470		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23472		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	23473		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	23474		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	23700		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)	27096		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	27125		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	(Orthopedics) Bone and Joint (Orthopedics)	27130		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27132		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27134		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27137		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27138		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27278		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27279		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27332		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27333		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)	27334		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27335		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27403		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27405		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)	27412		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27415		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27416		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27418		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27420		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27422		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)	27424		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27425		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	27427		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	Bone and Joint (Orthopedics) Bone and Joint	27428		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27429		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Orthopedics)	27430		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	27438		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27440		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27441		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	27442		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27443		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	27446		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27447		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27486		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27487		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27570		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	29805 29806		Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required Required	Required Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29805		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29807		Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Not Required	Required Required	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	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)	(Orthopedics)	29824		Required ulrough EVICore	INUL REQUIRED	required unrough Evicore	keyureu urrough Evicore	not required	required	required	required	<u> </u>

					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, EPO, POS &	(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)
EviCore/Medical	Bone and Joint				HNY EPO)	& POS)							
(MSK)	(Orthopedics) Bone and Joint	29825			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) 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	(Orthopedics) Bone and Joint	29827			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29828			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	29860			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29861			Required through EviCore	Not Required	Required through EviCore	Required through EviCore Required through EviCore	Not Required	Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29862											
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29863			Required through EviCore Required through EviCore	Not Required Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Not Required Required	Required Required	Required Required	Required Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	29867			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Experimental and					,							
(MSK)	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) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	29875			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29877			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29880			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	29881			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	29888			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics) Bone and Joint	62263			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (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			Required through EviCore Required through EviCore	Not Required Not Required	Required through EviCore Required through EviCore	Required through EviCore Required through EviCore	Required Required	Required Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62281			Required through EviCore	Not Required Not Required	Required through EviCore	Required through EviCore	Required	Required	Required Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62282			Required through EviCore	Not kequired Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62292			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	62320			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62321			Required through EviCore	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 (MSK)	(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	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62360			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	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	
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 (MSK)	Bone and Joint (Orthopedics)	63015			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63017			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63030			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63035			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (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 (MSK)	Bone and Joint (Orthopedics)	63048			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	63050			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	(Orthopedics)	63051			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenu 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)							
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63052			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63053			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (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 (MSK)	Bone and Joint (Orthopedics)	63088			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63090			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63091			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63102			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63103			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63650			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63655			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	Bone and Joint	64451			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	64624			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	64625			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) 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 (MSK)	(Neurology) Bone and Joint	C9757			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	M0076			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical	(Orthopedics) Bone and Joint	S2118			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	S2348			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	32370			Required unough Evicore	required	Required unough Evicore	Required through Evictore	Not Required	Not Required	Not Required	Not Required	
Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital transfers.	#N/A	Inpat			Required	Required	Required	Required	Required	Required	Required	Required	
Acute Rehab/ SNF Admissions	#N/A	Acute			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 Medical	Genetic Testing Genetic Testing	0012M 0013M			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0015M 0016M			Required Required	Required Reauired	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Transplants Genetic Testing	0018M 0020M			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 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	Genetic Testing Genetic Testing Genetic Testing	0018U 0026U			Required Required	Required Required	Required Required Required	Required Required Required	Not Required Not Required Not Required	Required Required Required	Not Required Not Required Not Required	Not Required Not Required Not Required	
Medical 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 keguired Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0035U 0036U			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0037U 0045U			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Not 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 Medical	Genetic Testing Genetic Testing	0060U 0070U			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 Medical	Genetic Testing Genetic Testing Genetic Testing	0071U 0072U			Required Required	Required Required	Required Required Required	Required Required	Required Required	Required Required	Not Required Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0073U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0074U 0075U			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	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 Medical	Laboratory Genetic Testing	0087U 0088U			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 Cancer Treatment	0089U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Oncology) Laboratory	0090U 0092U			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	0101U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Reve Co	enue de 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)
Medical	Genetic Testing	0102U			HNY EPO) Required	& POS) Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Transplants	0103U 0118U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not 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 Testina	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 Medical	Genetic Testing Genetic Testing	0153U 0154U			Required Required	Required Required	Required Not Required	Required	Required Not Required	Required Not Required	Not Required	Not Required Not Required	
Medical	Genetic Testina	0157U			Required	Required	Required	Not Required Required	Required	Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0160U 0161U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0162U 0171U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testing	0172U			Required Required	Required Required	Required Required	Required Required	Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing	0173U 0175U			Required	Required	Required	Required	Required Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0179U 0209U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0211U 0213U			Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0214U 0215U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0218U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0220U 0228U			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	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 Medical	Genetic Testing Genetic Testing	0235U 0236U			Required	Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical	Genetic Testing	0237U			Required Required	Required Required	Not Required Required	Not Required Required	Required	Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0238U 0239U			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 Medical	Genetic Testing Laboratory	0242U 0243U			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	Genetic Testing	0244U 0245U			Required	Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0247U			Required Required	Required Required	Not Required	Not Required Not Required	Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0249U 0250U			Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0251U 0252U			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	0253U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0254U 0258U			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	0260U 0261U			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	0262U 0263U			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	0264U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0265U 0266U			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 Testina Genetic Testing	0267U 0286U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	0287U 0295U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0297U 0298U			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	Genetic Testina	0299U			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	0300U			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Laboratory Laboratory	0307U 0308U			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0309U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0310U 0312U			Required Reauired	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 Medical	Genetic Testing Genetic Testing	0313U 0314U			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	0315U 0317U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0318U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0319U 0320U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0322U 0326U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0329U 0334U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing Genetic Testing	0335U 0336U			Required Required	Required Required	Required Required	Required Required	Required Required	Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0337U			Required	Required	Not Required	Not Required	Required	Required Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0338U 0339U			Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0340U 0341U			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0343U 0344U			Required Not 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	0345U			Required	Required	Required	Required	Required	Required Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0347U 0348U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0349U 0350U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0355U			Required	Required	Not Required Required	Not Required Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0356U 0358U			Required Required	Required Required	Not Required	Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0359U 0360U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	036211			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0363U 0364U 0368U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0371U			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	0372U 0375U		_	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	

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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)
Medical	Genetic Testing	0376U			HNY EPO) Required	& POS) Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0378U 0379U			Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0381U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0382U 0383U			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	Laboratory Laboratory	0384U 0385U			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	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0388U 0389U			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	Laboratory Genetic Testing	0390U 0391U			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	0391U 0392U 0393U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0394U			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	0395U 0398U			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	0399U 0400U			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	0401U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0403U 0404U			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	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	Laboratory	0407U 0409U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0409U 0410U			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	0411U 0412U		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 Testina	0413U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0414U 0417U		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 Medical	Genetic Testing	0418U 0419U			Required	Required Required	Required	Required	Not Required Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	0421U			Required Required	Required	Required Required	Required Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	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	Genetic Testing Genetic Testing	0433U 0434U			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	0435U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0436U 0437U			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	0438U 0439U			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	0440U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0443U 0444U			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 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	
Medical	Laboratory	0447U			Required	Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0449U 0452U			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	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	Laboratory	0459U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0460U 0461U			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	0462U 0463U			Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testina	0464U			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	Genetic Testing Genetic Testing	0465U 0466U			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	0467U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0468U 0469U			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	0470U 0471U			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	0472U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0473U 0474U			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	Genetic Testina Genetic Testing	0475U 0476U			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	·
Medical	Genetic Testing	0477U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0478U 0479U			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0481U 0485U		\perp	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	0486U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0487U 0489U		<u></u>	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	Laboratory	0490U		1	Required	Required Required	Not Required Not Required	Not Required	Required Required	Required	Not Required	Not Required	
Medical	Laboratory Genetic Testing	0491U 0493U			Required Required	Required	Not Required	Not Required Not Required	Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0494U 0495U		1	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	0496U			Required	Required	Not Required	Not Required	Required Required	Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	0497U 0498U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0499U 0501U		1	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	0503U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0514U 0515U			Not Required Not Required	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	
Medical Medical	Genetic Testing Genetic Testing	0516U 0517U			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	·
Medical	Genetic Testina	0518U			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0519U 0520U		1	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	
	Genetic Testing	0523U			Required	Required	Required	Required	Required	Required Required	Not Required	Not Required Not Required	
Medical Medical	Laboratory	0530U	1		Required	Required	Required	Required	Required		Not Required		

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	e 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	Genetic Testing	0534U			HNY EPO) Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0536U 0537U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0538U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0539U 0540U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not 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	Laboratory	0549U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0552U 0553U			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0554U 0555U			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Digestive System	0558U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Laboratory	0562U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	0567U 0568U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0569U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Genetic Testing	0571U 0572U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0573U 0575U			Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Laboratory	0576U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	0578U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	0582U 0583U	 		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Laboratory	0585U 0586U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	0591U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Laboratory Genetic Testino	0592U 0596U			Required Required	Required Required	Required Required	Required Required	Required Required	Required Reauired	Required Required	Required Required	
Medical Medical	Genetic Testing Laboratory	0597U			Required	Required	Required	Required	Required	Required	Required Required	Required Required	
Medical	Genetic Testing	0599U 0605U			Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Laboratory	0609U 0613U			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	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 Joint	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	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Experimental and Investigational Procedures/ Services	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Blood Disorder	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Hematology) Heart and Blood Vessel	0345T	 		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and Investigational	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Procedures/ Services Experimental and Investigational	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Procedures/ Services Experimental and Investigational	0397T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Procedures/ Services 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	1 1		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	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	
	Eyes (Ophthalmology) Reconstructive Surgery												
Medical	and/or Cosmetic Services Reconstructive Surgery	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Heart and Blood Vessel	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not 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, 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	Heart and Blood Vessel	0525T			HNÝ EPO) Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	05251 0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Heart and Blood Vessel												
Medical	(Cardiovascular) Heart and Blood Vessel	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0569T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	System(Genitourinary)	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	0584T 0585T			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	Transplants Neuromuscular	0586T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Stimulation and Electrical Shock Units Experimental and	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
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 Medical	Investigational Procedures/ Services Heart and Blood Vessel	0597T 0607T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0607T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and Investigational	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required Not Required	
Medical	Procedures/ Services Experimental and Investigational	0620T		-	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services Experimental and	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Urinary	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary)	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology) Experimental and	0671T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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 Medical	Investigational Procedures/ Services Heart and Blood Vessel	0693T 0695T			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	(Cardiovascular) Heart and Blood Vessel	0695T 0696T			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	(Cardiovascular) Experimental and Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	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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s the code BH, DME, viCore, 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)
Medical	Cancer Treatment	0738T					D	Required			N. D. J. J.	N.D. i.i.	
Medical	(Oncology) Cancer Treatment	0739T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
metrical	(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)	0743T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
	Services Experimental and	0744T			requied	required	перисо		периси	Nequico	Not required	Not required	
Medical	Investigational Procedures/ Services				Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0745T						Required					
riculcui	Procedures/ Services	0746T			Required	Required	Required	requied	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0/461						Required					
	Procedures/ Services Digestive System	0748T			Required	Required	Required		Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Experimental and	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational	07491											
	Procedures/ Services Experimental and	0750T			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	Laboratory	0751T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0752T 0753T		1	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	0754T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0755T 0756T			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	0757T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0758T 0759T			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	0760T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory	0761T			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	0762T 0763T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0765T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0766T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0767T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0770T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Procedures/ Services Alternative Medicine	0771T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required Not Required	
Medical	Experimental and Investigational Procedures/ Services	0772T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0773T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0774T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0776T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0777T				1							
	Procedures/ Services	07707			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0778T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0779T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Digestive System	0780T											
Medical	(Gastroenterology) Alternative Medicine	0783T		1	Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Nervous System (Neurology)	0786T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System	0788T						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 Procedures/ Services	0790T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0793T		1	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment	0794T				,	Required	Required					
Medical	(Oncology) Heart and Blood Vessel	0804T		1	Required	Required	-		Not Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Heart and Blood Vessel	0805T		-	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)			1	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0806T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Lunas (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 Medical	Lungs (Respiratory) Experimental and Investigational	0808T 0810T			Kequired	кедигед	NOT Required	NOT Kequired	NOT Kequired	NOT Kequired	NOT KEQUIRED	NOT Kequired	
	Procedures/ Services Experimental and	0811T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational	1			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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					EPO, POS & HNY EPO)	& POS)							
Medical	Experimental and Investigational	0812T											
Medical	Procedures/ Services Digestive System	0813T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Radiology (Imaging)	0815T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Services Nervous System	0816T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	0817T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Neurology) Behavioral Health	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
riculcui	(Psvchology) Behavioral Health	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology) Behavioral Health	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Psychology) Laboratory	0827T			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 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 Medical	Laboratory Laboratory	0834T 0835T			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 Laboratory	0836T 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 Medical	Laboratory Laboratory	0839T 0840T			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	0841T			Required	Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0842T 0843T			Required 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 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 Medical	Laboratory Laboratory	0846T 0847T			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 Laboratory	0848T 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	0850T			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 Laboratory	0851T 0852T			Required Required Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0853T 0854T			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	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											
	Procedures/ Services Experimental and	0860T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	00001			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0864T											
Medical	Procedures/ Services	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0868T											
	Procedures/ Services Experimental and	0869T			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	
Medical	Experimental and Investigational	0870T											
riedicai	Procedures/ Services Experimental and	0871T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational	00/11			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and	0872T			Kequired	Kequired	Not kequired	Not kequired	Not kequired	Not kequired	Not kequired	Not kequired	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0873T											
	Procedures/ Services Experimental and	0874T			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	
Medical	Experimental and Investigational	0875T											
medical	Procedures/ Services	00707			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0876T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0881T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0884T											
	Procedures/ Services Experimental and	0885T			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	
Medical	Experimental and	0886T			педанеа	поданси	Hochequieu	not required	not required	Hot required	NOC NEGUNEO	HOC HEQUIECE	
medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0888T							1				
Medical	Procedures/ Services Heart and Blood Vessel	0897T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(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	09001 0911T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Neurology)				Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0912T			Required	Required	Required	Required	Required	Required	Required	Required	

				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)
Medical	Urinary	0941T		HNY EPO)	& POS)							
Medical	System(Genitourinary) Urinary System(Genitourinary)	0942T		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Urinary System(Genitourinary)	0943T		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	#N/A Digestive System	0963T 0977T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical 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	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	System(Genitourinary) Urinary System(Genitourinary)	1001T		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11920		Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required	PA is Required for all diagnosis codes EXCEPE: C56.1, C56.2, C79.61, C79.62, C48.1, C50.012, C50.019, C50.019, C50.011, C50.112, C50.119, C50.211, C50.12, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C
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)	Ph is Required for all dispress codes EXCEPT. CSG.1, CSG.2, C79.61, C79.62, C86.1, CSG.011, CSG.012, C
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. CS.6.1, CS.6.2, C79.6.1, C79.6.2, C481., C59.0.1, CS.0.12, CS.0.
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	
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, CS0.011, CS0.012, CS0.019, CS0.111, CS0.112, CS0.119, CS0.211, CS0.212, CS0.219, CS0.212, CS0.219,
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)	PA is Required for all diagnosis codes EXCEPT. C56.1, C56.2, C79.61, C79.62, C48.1, C50.012, C50.019, C50.019, C50.011, C50.112, C50.119, C50.211, C50.122, C50.219, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.211, C50.212, C50.2122, C50.21222, C50.2122, C50.2122, C50.2122, C50.2122, C50.2122, C50.2122,

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 & 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	14301			HNY EPO) 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. CS.6.1, CS.6.2, C79.6.1, C79.6.2, C48.1, C50.012, C50.012, C50.012, C50.011, CS0.112, CS0.115, CS0.211, CS0.122, CS0.219, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.212, CS0.212, CS0.212, CS0.212, CS0.212, CS0.213, CS0.212, CS0.212, CS0.213, CS0.212, CS0.213, CS0.2
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 disgrads code: EXCESP, CSG.1, CSG.2, C95.6; C95.6; C96.1, CSG.011, CSG.012, CSG.019, CSG.111, CSG.112, CSG.112, CSG.113, CSG.114, CSG.1144, CSG.11
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)	PA is Required for all diagnosis codes EXCEPT: C56.1, C56.2, C79.61, C79.62, C48.1, C50.012, C50.019, C50.019, C50.111, C50.112, C50.119, C50.211, C50.12, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C
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)	PA is Required for all diagnosis codes EXCEPT. CS6.1, CS6.2, C79.61, C79.62, C49.1, CS0.20, C81.1, CS0.1012, CS0.119, CS
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)	PA is Required for All Diagnosis Codes EXCEPT: CS0.011, CS0.012, CS0.019, CS0.111, CS0.112, CS0.119, CS0.111, CS0.112, CS0.119, CS0.111, CS0.122, CS0.119, CS0.111, CS0.122, CS0.119, CS0.111, CS0.122, CS0.119, CS0.112, CS0.119, CS0.112, CS0.119, CS0.112, CS0.119, CS0.112, CS0.119, C			
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)	PA is Required for all diagnosis codes EXCEPT: C56.1, C56.2, C79.61, C79.62, C48.1, C50.012, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.12, C50.211, C50.212, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.212, C50.219, C50.212, C50.219, C50.219, C50.212, C50.219, C
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)	PA is Required for all diagnosis codes EXCEPT . CS6.1, CS6.2, C79.61, C79.62, C48.1, CS0.012, CS0.019, CS0.019, CS0.111, CS0.112, CS0.119, CS0.211, CS0.212, CS0.211, CS0.212, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.2			
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)	PA is <u>Required</u> for all diagnosis codes <u>EXCEPT</u> : C56.1, C56.2, C79.61, C79.62, C48.1, C50.012, C50.019, C50.019, C50.111, C50.112, C50.119, C50.211, C50.122, C50.219, C50.211, C50.212, C50.219, C50.2			
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, CS0.11
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)	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, CS0.121, CS0.12			
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	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate C		(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)
	Reconstructive Surgery			HNY EPO)	& POS)							
Medical	and/or Cosmetic Services Reconstructive Surgery	15780		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	15781		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	15782		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	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	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	
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	15840		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15842		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15847		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15876		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15877		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15878		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	15879		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
	Services											

						Commercial Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	R	Code Ra	ate 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)
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)	PÅ 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, C50.111, C50.112, C50
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 (481, CS0.011, CS0.012, CS0.012, CS0.012, CS0.014, CS0.0
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)	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, C50.311, C50.312, C50.319, 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,			
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)	PA is Required for All diagnosis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.011, C50.012, C50.019, C50.111, C50.122, C50.219, C50.211, C50.212, C50.219, C50.219, C50.211, C50.212, C50.219, C50			
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 <u>EXCEPT.</u> C48.1, C50.011, C50.012, C50.019, C50.111, C50.012, C50.019, C50.111, C50.122, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.512, C50.519, C50.512, C
Medical	Reconstructive Surgery and/or Cosmetic Services	19340				Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.012, C50.019, C50.111, C50.122, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.211, C50.212, C50.219, C50.212, C50.2122, C50.21222, C50.2122, C50.21222, C50.212222, C50.21222, C50.212222, C50.21222, C50.21222, C50.212222, C50.212222			
Medical	Reconstructive Surgery and/or Cosmetic Services	19342				Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	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, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50			
Medical	Reconstructive Surgery and/or Cosmetic Services	19350				Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	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, C50.111, C50.112, C50.112, C50.112, C50.113, C50.112, C50.113, C50.112, C50.113, C50.112, C50.113, C50.112, C50.113, C50.112, C50.113, C50.112, C50			

	e code BH, DME,	Category	Procedure Code	Revenue Code	Commercial Fully Insured Rate Code (Commercial Products,	Commercial Self Funded but (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evi	ore, or Medical?		Code	Code	not limited to: HMO, PI EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
	Medical	Reconstructive Surgery and/or Cosmetic Services	19355		Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column	Required) (By Diagnosis - see last column	PA Is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.019, C50.012, C50.012, C50.019, C50.011, C50.012, C50.019, C50.011, C50.012, C50.011, C50.012, C50.019, C50.011, C50.012, C50.011, C50.012, C50.011, C50.012, C50.011, C50.012, C50.011, C50.012, C50.011, C50.012, C50.013, 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 diaponics codes EXCEPT. C48.1, CS0.011, CS0.012, CS0.012, CS0.012, CS0.012, CS0.012, CS0.012, CS0.013, CS0.011, CS0.012, CS0.012, CS0.013, CS0.013, CS0.012, CS0.014, CS0
	Medical	Reconstructive Surgery and/or Cosmetic Services	19370		Required (By Diagnosis - see last col	Required mn) (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 dispress codes EXCEST C48.1, CS0.011, CS0.012, CS0.015, CS0.013, CS0.011, CS0.012, CS0.013, CS0.011, CS0.012, CS0.013, CS0.011, CS0.012, CS0.013, CS0.011, CS0.014, CS0.0			
	Medical	Reconstructive Surgery and/or Cosmetic Services	19371		Required (By Diagnosis - see last col	Required imn) (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 disgnosis codes EXCEPT: C98.1, C50.011, C50.012, C50.015, C50.012, C50.015, C50.012, C50.015, C50.012, C50.015, C50.012, C50			
	Medical	Reconstructive Surgery and/or Cosmetic Services	19380		Required (By Diagnosis - see last col	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, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.611, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.611, C50.612, C50.619, 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	Ph is Required for all diagnosis codes EXCEPT: C98.1, C50.01, C50.012, C50.015, C50.011, C50.012, C50.015, C50.011, C50.015, C50.011, C50.015, C50.011, C50.012, C50.015, C50.011, C50.012, C50.015, C50.011, C50.012, C50.015, C50.
	Medical	Cancer Treatment (Oncology)	20982		Required	Required	Required	Required	Not Required	Required	Required	Required	
	Medical	Cancer Treatment (Oncology) Reconstructive Surgery	20983		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
	Medical	and/or Cosmetic Services	21120		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	Reconstructive Surgery and/or Cosmetic	21121		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21122		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21123		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21125		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21127		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21137		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	Services Bone and Joint	21138		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	(Orthopedics) Reconstructive Surgery and/or Cosmetic	21138		Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required Required	Required	Required	
	Medical	Services Sleep Medicine	21139		Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Required	Not Required	Required	Required	
	Medical Medical	Reconstructive Surgery and/or Cosmetic	21141		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	Required Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21142		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21145		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21146		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Medical	Services Reconstructive Surgery and/or Cosmetic	21147		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Medical	Services Sleep Medicine	21150		Required	Required	Required	Required	Required	Required	Required	Required	

s 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 &	(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	Sleep Medicine	21151			HNY EPO) Required	& POS) Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21151 21154			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21155		1	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21172			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21175			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21179			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21183			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21184			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21188			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21193			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21194			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21195 21196		1	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21198			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21199			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21206		1	Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Bone and Joint	21208			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	(Orthopedics) Reconstructive Surgery and/or Cosmetic	21209		+	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	Services Reconstructive Surgery and/or Cosmetic	21215		+	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	21230		1	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	21235		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Services Bone and Joint (Orthopedics)	21240		1	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint	21242			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Orthopedics) Bone and Joint			-									
Medical	(Orthopedics)	21243			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	21244			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21245			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21246		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Reconstructive Surgery	21247		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21248		1	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21249		1	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21255		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21256		-	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21260		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services	21261		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21263		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	21267		-	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services	21268			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net	
eviCore, or Medical?	Category	Procedure Code	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	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
	Reconstructive Surgery				HNY EPO)	& POS)							
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	21275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	21280					Not Required				Required		
Medical	Services Reconstructive Surgery	21280			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Kequired	Required	
Medical	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	21295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	21296					Not Required		Required		D		
Medical	Services Reconstructive Surgery	21296			Not Required	Not Required	Not Required	Not Required	Kequired	Not Required	Required	Required	
Medical	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	21740			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Services Reconstructive Surgery	24742											
Medical	and/or Cosmetic Services Reconstructive Surgery	21742			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services	21743			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22101			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22114			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22206			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22212			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical Medical	(Orthopedics) Bone and Joint	22532 22548			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	
Medical	(Orthopedics) Bone and Joint	22548			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	(Orthopedics) Bone and Joint	22590			Not Required	Required	Not Required	Not 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 (Orthopedics)	22800			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22808			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	22810			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22812			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	(Orthopedics) Bone and Joint	22818 22830			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Required	
Medical	(Orthopedics) Bone and Joint	22830			Not keguired Required	Not kequired Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22837			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) 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) Bone and Joint	22855			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22899			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Orthopedics) Bone and Joint	24370 25446			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Required Required	Required Required	
Medical	(Orthopedics) Bone and Joint	25446			Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not kequired Required	Required Required	Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	26530			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	26531			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	26536			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	27437			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27702			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	27703			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	28890			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	(Orthopedics) Bone and Joint	29800			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)	29804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME,	Category	Procedure Code	Reven Code	ue Rate Code	Fully Insured (Commercial Products, but	Self Funded (Commercial Products, but	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	e	not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
Medical	Ears and Nose and Throat	30117			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	(Otorhinolaryngology) Reconstructive Surgery	30120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required			
Medical	and/or Cosmetic Services Reconstructive Surgery	30120			Not keguirea	Not kequired	Not kequired	Not kequired	Not Required	Not kequired	Required	Required	
Medical	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	30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	30435			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	30460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Services Reconstructive Surgery					·			·	·			
Medical	and/or Cosmetic Services Reconstructive Surgery	30462			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	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	Required	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	30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Ears and Nose and Throat	30801			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	30802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	30999			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
	(Otorhinolaryngology) Ears and Nose and					-, -			,	,	10,000		
Medical	Throat (Otorhinolaryngology) Ears and Nose and	31242			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Throat (Otorhinolarvngology)	31243			Required	Required	Required	Required	Not Required	Required	Required	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	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat	31298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Otorhinolaryngology) Lungs (Respiratory)	31626			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	32664			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	32850 32851			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	
Medical Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	32853 32854			Required Required	Required Reauired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Cancer Treatment (Oncology)	32998			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33202			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33254			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33255			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33258			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33265			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33266			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33269			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33277			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33278			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33279			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
					•								*

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue	e Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or Pieucais		Code	Code		not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Ciliu Health Flus	Laselluai Flaii	Hallageu Medicalu	Program	
Medical	Miscellaneous & Unlisted Codes	33280			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33287			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	33340			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel Heart and Blood Vessel	33361			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Cardiovascular) Heart and Blood Vessel	33362			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Cardiovascular) Heart and Blood Vessel	33363 33364			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	(Cardiovascular) Heart and Blood Vessel	33365			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33366			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	33367			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) 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	Transplants Heart and Blood Vessel	33412 33418			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	(Cardiovascular) Heart and Blood Vessel	33418			Required Required	Required Required	Required	Required	Not Required	Not Required	Required Not Required	Required Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33419			Required Not Required	Required Not Required	Required	Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	
Medical	(Cardiovascular) Transplants	33930			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical Medical	Transplants Transplants	33933 33935			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Transplants Transplants	33944 33945			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	33975			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular)	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (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 Medical	(Cardiovascular) Heart and Blood Vessel	33991			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33992			Required Not Required	Required Not Required	Not Required Not Required	Not Required	Not Required Required	Not Required Required	Required Not Required	Required Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33995			Required	Required	Not Required	Not Required Not Required	Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33997			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	33999			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34703			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
rededi	Thoracic Aneurysms Endovascular Grafts for	31703			not required	Hot required	not required	not required	The required	Not required	required	Not required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34705			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34707			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Thoracic Aneurysms Endovascular Grafts for	245											
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34711			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	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 &	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
	Thoracic Aneurysms Endovascular Grafts for												
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	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
	Thoracic Aneurysms Endovascular Grafts for									,			
Medical	Abdominal Aortic & Thoracic Aneurysms	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic &	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Thoracic Aneurysms Reconstructive Surgery and/or Cosmetic	36465			Net De 111	Net De 111	Net De 111	N-t D	Nat David	Dept. 1	D : : :	Des 1 1	
medical	and/or Cosmetic Services Reconstructive Surgery	36465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Services Reconstructive Surgery										_	_	
Medical	and/or Cosmetic Services	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	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 &	(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)
	Reconstructive Surgery				HNY EPO)	& POS)							
Medical	and/or Cosmetic Services	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	Services Reconstructive Surgery					•	•	,	•			*	
Medical	and/or Cosmetic Services	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
medical	Services Reconstructive Surgery	30402			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Reconstructive Surgery	36522			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	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	Required (By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: N40.1
Medical	Radiation Therapy	37243			Required	Required	column) Required	column) Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic	37700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Reconstructive Surgery and/or Cosmetic	37718			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
medical	Services Reconstructive Surgery	3//18			Not required	пос кедитеа	NOT KEGAILEG	NUL KEQUIFEG	нос кедигеа	NOL KEQUIFED	required	reduited	
Medical	and/or Cosmetic Services	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic	37761			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Services Reconstructive Surgery												
Medical	and/or Cosmetic Services Reconstructive Surgery	37765			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic	37780			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Services Erectile Dysfunction	37788			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	37790			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical Medical	Transplants Transplants	38204 38205			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Reauired	Not Required Required	Not Required Required	Not Required Reauired	
Medical Medical	Transplants Transplants	38206 38209			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants	38210			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	38211 38214			Not Required 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	
Medical	Transplants	38215			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	38220 38221			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 Not Required	Required Required	
Medical	Transplants	38230			Required	Required	Not Required	Not Required	Not Required	Not Required	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	38241 38242			Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required Required	
Medical Medical	Transplants Transplants	38242 38243			Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	
Medical	Sleep Medicine	41512			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine Ears and Nose and	42145			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Throat (Otorhinolaryngology)	42820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not 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	42825			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
riedical	(Otorhinolaryngology) Ears and Nose and	42023			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Throat (Otorhinolaryngology)	42826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	42830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
	(Otorhinolaryngology) Ears and Nose and										_	_	
Medical	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	42836			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Otorhinolarvngology) Digestive System	43192		+	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Digestive System	43201			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	(Gastroenterology) Digestive System				· ·								
Medical	(Gastroenterology)	43210		-	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System	43284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Digestive System	43285		1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	(Gastroenterology) Digestive System			-			·		· · · · · · · · · · · · · · · · · · ·	·	-		
Medical	(Gastroenterology)	43290			Required	Required	Required	Required	Required	Required	Required	Required	

				Commercial	Communicat			1				
Is the code BH, DME,		D		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Procedure Code	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	Child Health Plus	Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Digestive System	43291		HNY EPO) Required	Required	Required	Required	Required	Required	Required	Required	
	(Gastroenterology) Experimental and											
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	(Gastroenterology) Digestive System	43645		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43647		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43648		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43659		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43770		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	(Gastroenterology) Digestive System	43771 43772		Required Required	Required Required	Required	Required Required	Required	Required	Required Required	Required Required	
Medical	(Gastroenterology) Digestive System	43772		11040100					Required Required			
Medical	(Gastroenterology) Digestive System	43774		Required	Required	Not Required	Not Required	Not Required		Required	Required	
Medical	(Gastroenterology) Digestive System	43775		Required Not Required	Required	Required Not Required	Required	Not Required	Not Required Required	Required Required	Required Required	
Medical	(Gastroenterology) Digestive System	43842		Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43843		Not Required	Not Required Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43845		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43846		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43847		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43848		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43860		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43865		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System (Gastroenterology)	43881		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	43882		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System (Gastroenterology)	43886		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43887		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43888		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	#N/A Digestive System	43889		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	(Gastroenterology) Transplants	43999 44133		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	44135 44136		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Digestive System (Gastroenterology)	46707		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	46999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47000		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology)	47001		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	Digestive System (Gastroenterology)	47100		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.39, Z68.39, 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	47135 47140		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Required	
Medical	Transplants Cancer Treatment	47141		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical Medical	(Oncology) Cancer Treatment	47370 47371		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	(Oncology) 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	Required (By Diagnosis - see last	Required (By Diagnosis - see last column)	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,
Medical	Cancer Treatment	47700				Not Required	Net C	column)	column)			Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
Medical	(Oncology) Cancer Treatment	47380 47381		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	(Oncology) Cancer Treatment	47381		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	(Oncology) Cancer Treatment	47382		Not Required	Not Required	Not Required Required	Not kequired Required	Not Required	Not Required Not Required	Not kequired Required	Not keguired Required	
Medical	(Oncology) Digestive System	47605		Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Transplants	48160		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	48550 48552		Not 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	Required Required	
Medical Medical	Transplants Transplants	48554 50320		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	50329		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical Medical	Transplants Transplants	50340 50360		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	50365 50370		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Transplants	50380		Required	Required	Not Required	Not Required	Required	Required	Required	Required	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate C	ode (Commercial Products, but not limited to: HMO, PPO,	(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	Transplants Urinary	50547 50590		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Required	Required Required	Required Required	
Medical	System(Genitourinary) Cancer Treatment	50590		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	
	(Oncology) Urinary	51715		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Medical	System(Genitourinary) Urinary	52284		Required	Required	Not Required	Not Kequired Required	Not Required	Required	Required	Required	
	System(Genitourinary) Urinary						,		100,000		11040100	
Medical Medical	System(Genitourinary) Urinary	52441 52442		Required	Required	Required	Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	System(Genitourinary) #N/A	52442 52443		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	#N/A Urinary	52597		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	53854		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	53865		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	System(Genitourinary) Erectile Dysfunction	53866 54220		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	
Medical	Erectile Dysfunction	54230		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54231 54235		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 Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54400 54401		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	54405 54406		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	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	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54416 54417		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 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	#N/A Urinary	55877		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	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	PA is Required for All diagnosis codes EXCEPT : C45.9, C51.0, C51.1,
Medical	Womens Health (Obstetrics and 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)	CS12, CS63, C963, CS18, CS19, CS20, CS30, CS31, CS38, CS3, CS40, CS41, CS42, CS42, CS45, CS46, CS47, CS62, CS65, CS700, CS701, CS702, CS710, CS711, CS712, CS722, CS722, CS72, CS74, CS77, CS78, CS79, CS79, CS97, CS79,			
Medical	Womens Health (Obstetrics and 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)	Ph is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C55.2, C96.3, C93.6, C51.8, C51.2, C54.2, C93.6, C51.8, C51.2, C54.2, C54.2, C54.3, C54.8, C54.9, C55.2, C55.6, C56.2, C57.0, C57.			
Medical	Womens Health (Obstetrics and 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)	Ph is Required for All disprosis codes EXCEPT: (455, CS10, CS1.1, CS1.2, CS6.2, C96.3, C18.1, CS1.2, CS6.2, C96.3, C18.1, CS1.2, CS6.3, CS1.2, CS6.3, CS1.2, CS6.3, CS2.2, CS7.2,			
Medical	Womens Health (Obstetrics and 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)	Ph is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.6, C936, C51.8, C51.2, C54.3, C74.6, C51.2, C54.2, C54.3, C54.8, C54.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.01, C57.10, C57.02, C57			
Medical	Womens Health (Obstetrics and 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)	Ph is Resulted for All disprosis codes EXCEPT: C459, C510, C51.1, C51.2, C53.6, C90.63, C518, C519, C520, C520, C523, C533, C534, C538, C539, C540, C541, C542, C543, C543, C543, C545, C55, C55, C56, C569, C5700, C5701, C5702, C5701, C5701, C5702, C5703, C5702, C5703,			
Medical	Womens Health (Obstetrics and 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)	Ph is Resulted for All disprosis codes EXCEPT: C453, C510, C51.1, C51.2, C53.6, C79.63, C138, C139, C520, C530, C531, C534, C534, C543, C5			

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 & 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	Womens Health (Obstetrics and 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)	PA is <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : (45.9, C51.0, C51.1, C51.2, C53.2, C53.5, C53.6, C51.6, C51.2, C53.6,			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All diagnosis codes EXCEPT: C459, C510, C51.1, C51.2, C56.3, C79.63, C518, C519, C520, C520, C521, C521, C538, C539, C540, C541, C542, C543, C548, C549, C55, C56.1, C562, C569, C5700, C5701, C5702, C5710, C5721, C5722, C5722, C5722, C5722, C5722, C5722, C5723, C574, C572, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574, C5723, C574, C57			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disposits codes: EXCEPT, C45.9, C51.0, C51.1, C51.2, C53.6, 705.8, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.0, C54.0, C54.1, C54.2, C54.3, C54.9, C55.0, C53.0, C57.0, C57			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disprosis codes (EXCEPT, G4.5), CS.10, CS.1.1, CS.1.2, CS.2, G7.56, CS.8, CS.81, CS.20, CS.30, CS.31, CS.31, CS.33, CS.34, CS.41, CS.42, CS.43, CS.44, CS.49, CS.5, CS.61, CS.62, CS.63, CS.700, CS.710, CS.710			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disposis codes (EXCEPT, 64.5), CS.10, CS.1.1, CS.1.2, CS.2, G.796, CS.18, CS.19, CS.0, CS.30, CS.31, CS.31, CS.33, CS.34, CS.41, CS.42, CS.43, CS.44, CS.49, CS.5, CS.61, CS.62, CS.63, CS.700, CS.710,			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disprosis codes (ECEPT, C45.9, C51.0, C51.1, C51.2, C53.2, O756.5, C518.5, C519.2, C63.0, C53.1, C53.1, C53.2, C53.0, C53.0, C54.0, C54.1, C54.2, C54.3, C54.9, C55.0, C53.0, C57.0, C			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All diagnosis codes EXCEPT: C459, C510, C51.1, C51.2, C56.3, C79.63, C518, C519, C520, C520, C521, C521, C538, C539, C540, C541, C542, C543, C548, C549, C55, C56.1, C562, C569, C5700, C5701, C5702, C5710, C5721, C5722, C5722, C5722, C5722, C5722, C5722, C5723, C574, C572, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574, C5723, C574, C57			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All deprosis codes (EXCEPT, 64.59, CS.1.0, CS.1.1, CS.1.2, CS.2.6, 77.66, CS.1.8, CS.1.9, CS.2.0, CS.3.0, CS.3.1, CS.3.1, CS.3.0, CS.4.0, CS.4.1, CS.4.2, CS.4.3, CS.4.9, CS.5.0, CS.1.0, CS.2.0, CS.7.10, CS.7.2, CS.7.3, CS.7.4, CS.7.7, CS.7.3,			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disposis codes (EXCEPT, G4.5), CS.10, CS.1.1, CS.1.2, CS.2, G7.56, CS.10, CS.1.2, CS.1.2, CS.3.2, CS.1.2, CS.1.2, CS.3.2, CS.3.1, CS.3.1, CS.3.1, CS.4.2, CS.3.2, CS.4.3, CS.7.3, CS.7.			
Medical	Womens Health (Obstetrics and 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)	PA is Required for All disprosis codes EXCEPT, C45.9, C51.0, C51.1, C51.2, C53.2, O75.0, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.2, C53.0, C53.			
Medical	Womens Health (Obstetrics and 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 Required for All diagnosis codes EXCEPT: C459, C510, C51.1, C51.2, C53.2, C79.63, C518, C519, C520, C530, C531, C538, C539, C540, C541, C542, C543, C543, C543, C549, C541, C562, C569, C5700, C5701, C5702, C5710, C5721, C5722, C5722, C5722, C5722, C5723, C574, C572, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574, C5722, C573, C574,
Medical	Womens Health (Obstetrics and 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 Required for All disposis codes (EXCEPT, 64.5), CS.10, CS.1.1, CS.1.2, CS.2, G.796, CS.18, CS.19, CS.0, CS.30, CS.31, CS.31, CS.33, CS.34, CS.41, CS.41, CS.42, CS.43, CS.44, CS.49, CS.5, CS.61, CS.62, CS.63, CS.700, CS.710,
Medical	Womens Health (Obstetrics and 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)	Ph is Required for All disprosis codes EXCEPT, 64.59, CS.10, CS.1.1, CS.12, CS.2, CS.708, CS.16, CS.11, CS.10, CS.12, CS.20, CS.20, CS.21, CS.21, CS.20, CS.			

				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,	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
,				not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)						Program	
												PA is <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : 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,
Medical	Womens Health (Obstetrics and	58553		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last	Required (By Diagnosis - see last	Required (By Diagnosis - see last column)	Required	C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.20, C57.21, C57.22, C57.20, C57.21, C57.20, C5
	Gynecology)			(By Diagnosis - see last column)	(By Diagnosis - see last column)			column)	column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, D07.39
												Z854A, Z8600A PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1.
	Womens Health					Required	Required	Required	Required			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, C54.8, C54.9, C55, C56.1, C56.2, C56.9,
Medical	(Obstetrics and Gynecology)	58554		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0,
												D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
												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,
Medical	Womens Health (Obstetrics and	58570		Required	Required	Required (By Diagnosis - see last	Required	Required	C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22,			
	Gynecology)			(By Diagnosis - see last column)	(By Diagnosis - see last column)	column)	column)	column)	column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044,
												Z854A, Z8600A PA is Required for All diagnosis codes EXCEPT : C45.9, C51.0, C51.1.
	Womens Health					Required	Required	Required	Required			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, C54.8, C54.9, C55, C56.1, C56.2, C56.9,
Medical	(Obstetrics and Gynecology)	58571		Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5,
	.,					,	,	,	,			C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
												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, C53.0, C53.1, C53.0, C53.0, C53.1, C53.0, C53
Medical	Womens Health (Obstetrics and	58572		Required	Required	Required (By Diagnosis - see last	Required	Required	C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22,			
riculai	Gynecology)	30372		(By Diagnosis - see last column)	(By Diagnosis - see last column)	column)	column)	column)	column)	(By Diagnosis - see last column)	(By Diagnosis - see last column)	C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0,
												D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
												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, C54.8, C54.9, C55, C56.1, C56.2, C56.9,
Medical	Womens Health (Obstetrics and 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)	C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5,			
	Gynecology)					column)	column)	column)	column)			C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044,
Medical	Cancer Treatment (Oncology)	58580		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Z854A, Z8600A
Medical	Cancer Treatment (Oncology)	58674		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Womens Health (Obstetrics and Gynecology)	58752		Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Required	
Medical	Nervous System (Neurology) Nervous System	61630		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	(Neurology) Experimental and	61635		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	61736		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61850		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Nervous System (Neurology) Nervous System	61860		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Neurology) Nervous System	61863 61867		Required	Required Required	Required Required	Required	Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	(Neurology) Nervous System	61867		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	
Medical	(Neuroloav) Nervous System	61880		Not Required Not Required	Not Required	Not Required Not Required	Not Required	Required	Not Required Not Required	Required	Not kequired Required	
Medical	(Neurology) Nervous System (Neurology)	61885		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Neurology) Nervous System (Neurology)	61886		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61888		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	62369		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	62370		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (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 Medical	(Orthopedics) Bone and Joint	63016		Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	(Orthopedics) Bone and Joint	63046		Not kequired Required	Not kequired Required	Not Required	Not Required Not Required	Not kequired 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 (Orthopedics)	63064		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63066		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63077		Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	(Orandpeales)		1 1 1	i .	1	1	1		1	1	1	1

				Commercial Fully Insured	Commercial Solf Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	(Commercial Products but	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Child Realth Plus	Essential Plan	manageu medicalu	Program	
Medical	Bone and Joint (Orthopedics)	63078		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63085		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63086		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63101		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63170		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)	63172		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63173		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (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	Not Required	Required	Required	Required	
Medical Medical	(Orthopedics) Bone and Joint	63191		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	63200		Not Required	Not Required Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63250		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63251		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63252		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	63266		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint	63268		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	63270		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63271		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63273		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63275		Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63280		Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	63285		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and loint	63286		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63287		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63290		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	(Orthopedics) Bone and Joint	63295		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	(Orthopedics) Bone and Joint	63300		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 Required	
Medical	(Orthopedics) Bone and Joint	63302		Not Required	Not Required Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63303		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63304		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63305		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	63306		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint (Orthopedics)	63307		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63308		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63661		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint	64450		Required (D. Dissession and Johnson)	Required (D. Disposion and Anna)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561,
Medical	(Orthopedics) Bone and Joint	64454		(By Diagnosis - see last column) Required	(By Diagnosis - see last column) Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	M25.562, M25.569
Medical	(Orthopedics) Nervous System	64553		Required Required	Required Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	(Neuroloav) Nervous System	64555		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Neurology) Nervous System	64561		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Neurology) #N/A	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 Medical	Nervous System (Neurology)	64581 64582		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine Sleep Medicine	64583 64584		Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required	Required Required Required	Required Required Required	Required Required Required	Required Required Required	
Medical	Nervous System (Neurology)	64590		Not keguired Required	Not Required Required	Required	Required	Not Required	Required Required	Required Required	Required	
	(Neurology)	1	l			.,			-,	.,		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)
Medical	Durable Medical	64596			HNY EPO) Required	& POS) Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Equipment Bone and Joint	64640			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	PA is <u>Required</u> 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	(Orthopedics) Reconstructive Surgery and/or Cosmetic	64821			(By Diagnosis - see last column) Required	(By Diagnosis - see last column) Required	Not Required	Not Required	Not Required	(All Diagnoses) Not Required	(All Diagnoses)	(All Diagnoses) Required	M25.562, M25.569
Medical	Services Reconstructive Surgery				Required	Kequirea	Not kequired	Not Kequired	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services	64822			Required	Required	Not Required	Not Required	Not 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 Medical Medical	Nervous System (Neurology)	64999 66179			Required (By Diagnosis - see last column) Required	Required (By Diagnosis - see last column) Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	PA is Required for the following diagnosis codes: G40.001,640.009,640.01,640.019,640.019,640.1640.10,640.101,640.109,640.019,6
Medical	Eyes (Ophthalmology)	66180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	66989			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)				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67715			Not Required	Not Required	Not Required	Not Required	Not 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 Reconstructive Surgery	67902			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67903			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	and/or Cosmetic Services	67904			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Reconstructive Surgery	67906			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67908			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67909			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67911			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67914			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67916			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67917			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67921			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67922			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67923			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67924			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services	67938			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Reconstructive Surgery	67999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	and/or Cosmetic Services Ears and Nose and	69300			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Throat (Otorhinolaryngology) Ears and Nose and	69705			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Throat (Otorhinolaryngology) Ears and Nose and	69706			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Throat (Otorhinolaryngology)	69714			Required	Required	Required	Required	Required	Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue p	Rate Code	Fully Insured (Commercial Products, but	Commercial 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	Cate Code	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	Program Program	Diagnosis Requirements (il applicable)
	Ears and Nose and				HNY EPO)	& POS)							
Medical	Throat (Otorhinolaryngology)	69716			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	69717			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Otorhinolaryngology) Ears and Nose and												
Medical	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	69730			Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	
medical	(Otorhinolarynoology) Ears and Nose and	69730			Required	Required	Not Required	Not Required	Required	Required	Not Required	Required	
Medical	Throat (Otorhinolaryngology)	69799			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat	69930			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	(Otorhinolaryngology)				Required	Required							
Medical	Radiation Therapy	75894			(By Diagnosis - see last column)	(By Diagnosis - see last column)	Not Required	PA is Required for the following diagnosis codes: I86.2, N94.89, R10.2					
Medical	Radiology (Imaging) Services	76497			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81120 81121			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	81162 81163			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81163 81164			Required	Required Required	Required	Required	Required	Required	Not Required	Not Required	<u> </u>
Medical Medical	Genetic Testina	81165			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing Genetic Testing	81166 81167			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	<u> </u>
Medical Medical	Genetic Testing Genetic Testing	81171 81172			Required Required	Required Required	Not Required Not Required						
Medical	Genetic Testing	81175			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	81177 81178			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	81179			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81180 81181			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	81182			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testina Genetic Testina	81183 81184			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing	81185			Required	Required	Not Required	Not Required	Not Required	Not Required Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81186 81187			Required Not Required	Required Not Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81188			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	81190 81191			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	81192			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	
Medical Medical	Genetic Testing Genetic Testina	81201 81202			Required Required	Required Reauired	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical Medical	Genetic Testing	81203			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81204 81205			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	81208			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81209 81210			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	81212 81215			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Genetic Testing	81216			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing	81217			Required	Required	Required Not Required	Required	Required	Not Required	Required	Required	<u> </u>
Medical	Genetic Testing Genetic Testina	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 Medical	Genetic Testing	81225 81226			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required	<u> </u>
Medical Medical	Genetic Testing Genetic Testing	81227			Required	Required	Not Required	Not Required	Not Required	Not 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	Genetic Testing	81234			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81235 81238			Required Required	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	<u> </u>
Medical	Genetic Testing	81242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81243 81244			Required Required	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	<u> </u>
Medical Medical	Genetic Testing Genetic Testing	81250 81251			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	<u> </u>
Medical	Genetic Testing	81252			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81253 81254			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	+
Medical Medical	Genetic Testing	81255			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81257 81258			Required Required	Required Required	Not Required Not Required	<u> </u>					
Medical	Genetic Testing	81259			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	81260 81261			Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	<u> </u>
Medical Medical	Genetic Testina	81263			Not Required	Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	81264 81265			Not Required Required	Not Required Required	Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	81266 81267	 		Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required	<u> </u>
Medical	Laboratory	81267			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 Testina 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	Genetic Testing	81277			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

				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,	(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)
	0 11 7 11	04304		EPO, POS & HNY EPO)	& POS)						N.O. i. i.	
Medical Medical	Genetic Testing Genetic Testing	81284 81285		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	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 Testina	81288 81289		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	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	Not Required Required	Not 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 Not Required	Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical	Genetic Testina	81296		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testina	81297 81298		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81299 81300		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testing	81301		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testina	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 Testina Genetic Testina	81309 81310		Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81311		Required	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 Medical	Genetic Testing Laboratory	81314 81315		Not Required Not Required	Not Required Not Required	Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81317		Required	Required	Required	Required	Not Required Not Required	Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing	81318 81319		Required Required	Required Required	Required Required	Required Required	Not Required	Not Required 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 Not Required	-
Medical	Genetic Testina	81322		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testina	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 Medical	Genetic Testing Genetic Testing	81325 81326		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Digestive System	81327		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	(Gastroenterology) Genetic Testing	81330		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81331 81332		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	
Medical	Genetic Testing	81335		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testina	81336 81337		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	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 Testina	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 Medical	Laboratory Genetic Testing	81401 81402		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81403 81404		Required Required	Required Required	Required Required	Required Required	Required Required	Required	Required	Required	
Medical	Laboratory	81405		Required	Required	Required	Required	Required	Required Required	Required Required	Required Required	
Medical Medical Medical	Genetic Testina Genetic Testina	81406 81407		Required Required	Required Required	Required Required	Required Required	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 Medical	Genetic Testina Genetic Testing	81414 81415		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81416		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81417 81418		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81419 81422		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	81425 81426		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	81427		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not 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 Medical	Genetic Testina	81435 81439		Required	Required Required	Required	Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81440		Required Required	Required	Not Required Not Required	Not Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81441 81442		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	81443 81445		Required Required	Required Required	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 Testina	81448		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81449 81450		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Required Not Required	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 Medical	Genetic Testing Genetic Testing	81459 81460		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Genetic Testing	81462		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81463 81464		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81465 81470		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	81471		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Laboratory	81479 81490		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Experimental and Investigational	81506		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
ricultai	Procedures/ Services	0.300		not required	not required	not required	Not Nequired	Acquired		oc.nequireu	required	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code		(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)						Program	
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 Medical	Genetic Testina Genetic Testing	81523 81529		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Laboratory Genetic Testing	81539 81540		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not 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 Genetic Testing Genetic Testing	81546		Required Required	Required	Required Not Required	Required Not Required	Required Not Required	Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing	81551 81552		Required	Required Required	Required	Required	Required	Required Required	Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	81554 81595		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81599 84433		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Required Not Required	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	Not Required	
Medical	Laboratory Womens Health	88121		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Obstetrics and Gynecology) Womens Health	89251		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Obstetrics and Gynecology)	89253		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
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 (Gastroenterology)	91110		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	91111		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	(Gastroenterology) Digestive System	91112		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Digestive System	91113		Required	Required	Not Required	Not Required	Not Required	Not 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	Therapy and Rehabilitation	92507		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	92508		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Nervous System	92517		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neuroloav) Nervous System	92518		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	92519		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Therapy and	92526		Required	Required	Required	Required	Not Required	Required	Required	Required	
	Rehabilitation Experimental and						·	·				
Medical	Investigational Procedures/ Services Miscellaneous & Unlister	92972		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlister	93150		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes	93151		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlister Codes	93153		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93228		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93229		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93264		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93452		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Heart and Blood Vessel	93454		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	93458		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	93462		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	(Cardiovascular) Miscellaneous & Unlister	93462		Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Codes Erectile Dysfunction	93702		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 Sleep Medicine	93981 95782		Not Required Required	Not Required Reauired	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Sleep Medicine	95783 95803		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine Sleep Medicine	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 Medical	Sleep Medicine Sleep Medicine	95807 95808		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 Medical	Sleep Medicine Sleep Medicine	95810 95811		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required 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 (Neurology)	96116		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System (Neurology)	96121		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (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 (Psvchology)	96136		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96137		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96138		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96139		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96573		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

					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)
Medical	Clair (Descriptions)	96574			HNY EPO) Required	& POS) Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	97605			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	97607 97608			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	Therapy and Rehabilitation	97799			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transportation Transportation	A0080 A0090			Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	A0140			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Transportation Transportation	A0180 A0190			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	Not Required Not Required	
Medical Medical	Transportation Skin (Dermatology)	A0210 A2001			Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2002 A2004			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)	A2005			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2007 A2008			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 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	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2011 A2012			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)	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	Skin (Dermatology)	A2015			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2016 A2017			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)	A2018 A2019			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)	A2020 A2021			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	A2026			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2027 A2028			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2029 A2030			Required Required	Required Required	Not Keduired Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2031 A2032			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)	A2033			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2034 A2035			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)	A2036 A2037			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)	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 (Gastroenterology)	A4238			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical	A6512			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Equipment Miscellaneous & Unlisted	A9156			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Experimental and Investigational	A9268			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	A9269			Not Required	Not 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) Services	A9697			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9900			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Food (Nutrition) Nervous System	B9999 C1767			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	(Neurology) Eyes (Ophthalmology)	C1783			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction Nervous System	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Neurology) Bone and Joint	C1820			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
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	
Medical	Neuromuscular Stimulation and Electrical Shock Units	C1825			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1826			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1827			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C2614			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	C2618			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
Medical	Heart and Blood Vessel	C2624			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Erectile Dysfunction	C2622			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	C9354 C9356			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Reauired	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Sleep Medicine	C9363 C9727			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Miscellaneous & Unlisted	C9734			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Codes Digestive System	C9784			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Digestive System	C9785			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Clinical Trials *	C9785 C9792			Not Required	Not Required	Not keguired Required	Not kequired Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9796			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	E0470			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Cod	(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)
				HNY EPO)	& POS)							
Medical Medical	Sleep Medicine Sleep Medicine	E0471 E0601		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Required Required	Required Required	
Medical	Durable Medical Equipment	E0769		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	E1399		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E3000		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System	G0255		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Bone and Joint	G0276		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	(Orthopedics) Miscellaneous & Unlisted							·			-	
Medical	Codes Home Care & Home	G0277		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	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 Transplants	G0341 G0342		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Transplants Therapy and	G0343		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Rehabilitation Therapy and	G0422		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation	G0423		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	G0428		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Sleep Medicine Digestive System	G0429 G0455		Not Required	Not Required	Not Required Not Required	Not Required Not Required	Required	Required	Required	Required	
Medical Medical	(Gastroenterology) Skin (Dermatology)	G0455 G0460		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology) Alternative Medicine	G0465 H0051		Required Required Required	Required Reauired Required	Not Required Not Required Not Required	Not Required Not Required Not Required	Required Not Required	Required Required Not Required	Required Required Not Required	Required Required Not Required	
Medical	Erectile Dysfunction	30270		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	J0275 J2440		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required 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)	17330		Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0898		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L1320		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint	L1499		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	L2006		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Durable Medical	L2999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Equipment Durable Medical	L3649		Not Required	Not Required	Not Required	Not Required	Not Required	· ·	Not Required	Not Required	
	Equipment Durable Medical			· ·	, i				Required			
Medical	Equipment	L3999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L6805		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	L7259		Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L8499		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8603		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8604		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Urinary	L8605		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary) Urinary	L8606		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	System(Genitourinary) Eves (Ophthalmology)	L8612		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Experimental and Investigational	M0075		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Procedures/ Services Skin (Dermatology)	P9020		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O2026 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 Medical	Skin (Dermatology) Skin (Dermatology)	Q4104 Q4105		Required Required	Required Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4106		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4107 O4108		Not Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4110 Q4111		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4112 Q4113		Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4114		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4115 Q4116		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Required Not Required	Required Not 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 Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4122 Q4123		Required Required	Required Required	Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	04124		Required	Required	Required Not Required	Not Required	Required	Not Required	Not Required	Not 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 Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4130 O4132		Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	04133		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4134 Q4135		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)	Q4136 Q4137		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	
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				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Cod	not limited to: HMO, PPO,	(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	Skin (Dermatology)	Q4138		EPO, POS & HNY EPO) Required	& POS) Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4139		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4140 O4141		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 Medical	Skin (Dermatology) Skin (Dermatology)	Q4142 Q4143		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)	Q4145		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4146 Q4147		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)	Q4148 Q4149		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)	04150		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4151 Q4152		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4153 O4154		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	Skin (Dermatology)	Q4155		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4156 O4157		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 Medical	Skin (Dermatology) Skin (Dermatology)	Q4158 Q4159		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	Skin (Dermatology)	Q4160		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4161 Q4162		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)	O4163 O4164		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)	Q4165		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4166 Q4167		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 Medical	Skin (Dermatology) Skin (Dermatology)	Q4169 O4170		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)	Q4171		Required	Required	Not Required	Not 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 Medical	Skin (Dermatology) Skin (Dermatology)	Q4175 Q4176		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)	Q4177		Required	Required	Not Required	Not Required	Required	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 Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4182		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4183 O4184		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 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	Skin (Dermatology)	Q4188		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4189 O4190		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)	O4191 Q4192		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)	Q4193		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4194 Q4195		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)	Q4196 O4197		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	Skin (Dermatology)	Q4198		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4199 Q4200		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	Skin (Dermatology) Skin (Dermatology)	Q4201 Q4212		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	Skin (Dermatology)	04217		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4224 Q4225		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)	Q4229 Q4230		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)	Q4232		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4233 O4234		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)	Q4235 Q4236		Required 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)	Q4237		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4238 Q4239		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)	O4240 Q4241		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)	Q4242		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4245 Q4246		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)	Q4247 Q4248		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)	O4248 Q4249		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4250 Q4251		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)	Q4252 Q4253		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	04254		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4255 Q4256	+ + + - +	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)	Q4257 Q4258		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)	Q4259		Required	Required	Required	Required	Required	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	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4262		Required	Required	Required	Required	Required	Required	Required Required	Required	
Medical	Skin (Dermatology)	Q4263 Q4264		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4265 Q4266		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4267 Q4268		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4269		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4270 O4271		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	-
Medical	Skin (Dermatology)	Q4272		Required	Required	Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	
Medical	Skin (Dermatology)	04273		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Reve Con	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)
Medical	Skin (Dermatology)	Q4274			HNY EPO) Required	& POS) Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4275 Q4276			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)	Q4278			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4279 O4280			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)	Q4281 Q4282			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)	Q4283 Q4284			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)	Q4285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4286 O4287			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)	Q4288 Q4289			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)	Q4290			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4291 Q4292			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)	O4293 Q4294			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)	Q4295			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4296 Q4297			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)	Q4298 O4299			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)	Q4300			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4301 Q4302			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)	Q4303 Q4304	 	-	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)	04305			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4306 Q4307			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)	Q4308 Q4309		- -	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)	Q4310			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4311 O4312			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)	Q4313 Q4314			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)	Q4315			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4316 Q4317			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)	O4318 Q4319			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)	Q4320			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4321 Q4322			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)	Q4323 O4324			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)	Q4325			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4326 Q4327			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)	Q4331 Q4332			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)	04334			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4335 Q4336			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4337 Q4338			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4339			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4340 O4341			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4342 Q4343			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4344			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4345 Q4346			Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4347 Q4348			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)	Q4349			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4350 Q4351			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)	Q4352 O4353	 	-	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)	Q4354			Required	Required	Required	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)	Q4355 Q4356			Required Required	Required Required	Required Required	Required Required	Not Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4357 Q4358			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)	O4359 Q4360			Required Required	Required	Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4361			Required	Required Required	Required Required	Required Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4362 Q4363			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)	Q4364			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4365 O4366			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)	Q4367 Q4368	 		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	<u> </u>
Medical	Skin (Dermatology)	Q4369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4370 Q4371			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)	O4372 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) 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	Skin (Dermatology)	Q4380			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4382 Q4383			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)	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	
meultai	Skin (Dermatology) Skin (Dermatology)	Q4385 Q4386	1 1	_	Required Required	Required Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Cod	e (Commercial Products, but not limited to: HMO, PPO,	Self Funded (Commercial Products, but	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)	not limited to: HMO, PPO, EPO & POS)							
Medical	Skin (Dermatology) Skin (Dermatology)	Q4387 Q4388		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)	Q4389		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4390 Q4391		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)	04392		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology)	Q4393		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)	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	
Medical	Skin (Dermatology)	Q4396		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Hospice Services	Q4397 O5010		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	Transportation	S0207 S0208		Not Required	Not Required	Not Required Not Required	Required	Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Transportation Ears and Nose and Throat	S0208 S1091		Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	(Otorhinolaryngology)	S2053		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants Transplants	S2053		Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	S2060		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	S2061 S2065		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Transplants Blood Disorder	S2102		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Hematology)	S2120		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2142		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical 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	Ears and Nose and Throat (Otorhinolaryngology)	S2235		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	S2300		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing Genetic Testing	S3841 S3844		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing	S3846		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing	S3849 S3850		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing Genetic Testing	S3850 S3852		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	S3853		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	S3854 S3861		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Reauired	Not Required Required	Not Required Required	
Medical	Genetic Testing	S3865		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing Home Care & Home	S3866		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Infusion Nursing Visits	S5102		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S5105		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5130		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5165		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5199		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Radiology (Imaging) Services Heart and Blood Vessel	S8080		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	S9025		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology) Home Care & Home	S9055		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits	S9097		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home	S9123		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	59124		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Infusion Nursing Visits Home Care & Home			,	,					1		
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	S9126		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and	S9128	None	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Rehabilitation Therapy and	S9128	780	+		Not Required		· · · · · · · · · · · · · · · · · · ·			Required	1
	Rehabilitation Therapy and			Not Required	Not Required		Not Required	Not Required	Not Required	Required		
Medical	Rehabilitation	S9128	789	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	None	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and	S9129	780	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Rehabilitation Therapy and											
Medical	Rehabilitation	S9129	789	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9131		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and	S9152		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Rehabilitation Transportation	S9960		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	<u> </u>
Medical Medical	Transportation Home Care & Home	S9961		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Infusion Nursing Visits	T1000		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home	T1001	780	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	Infusion Nursing Visits Home Care & Home			1								
Medical	Infusion Nursing Visits	T1001	789	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home	T1003		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	Infusion Nursing Visits Home Care & Home									1		
Medical	Infusion Nursing Visits	T1004		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home	T1020		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
medical	Infusion Nursina Visits	11020		INUL REQUIRED	ivor required	wor kequired	NOT KEdniled	NO. Required	NOT KEDIILED	required	Required	1

s 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	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	T2001			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	T2004			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2005			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2007			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Only for Moving Assistance/Community transition, for HCBS or CFCO program)	Required (Only required for Moving Assistance/Community transition, for CFCO program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required	
Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2399			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eves (Ophthalmology)	V2799			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0651		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	·
Medical	Hospice Services	NONE	 0652		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	· · · · · · · · · · · · · · · · · · ·
Medical	Hospice Services	NONE	0655		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0656		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0657		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0659		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	·
Medical	Neonatal Intensive Care	NONE	0172		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	·
Medical	Neonatal Intensive Care	NONE	0173		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0174		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	-
Medical	Neonatal Intensive Care	NONE	 0179		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	·