



| Is the code BH, DME, eviCore, or Medical?                | Category                       | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)                       | Commercial Self Funded<br>(Commercial Products, but not limited to: HMO, PPO, EPO & POS)                                  | Medicare     | HMO D-SNP   | Safety Net Child Health Plus  | Safety Net Essential Plan   | Safety Net Managed Medicaid   | Safety Net Health and Recovery Program  | Diagnosis Requirements (if applicable) |
|--|--------------------------------|----------------|--------------|-----------|---|---|--------------|---|---|---|---|---|--|
| BH   | Behavioral Health (Psychology) | H0035          | 0913         |           | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | Not Required | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)   | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)   | PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required) |  |
| BH   | Behavioral Health (Psychology) | H0036          | None         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H0036          | 0900         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H0036          | 0911         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H0038          | None         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Notification Required only for Children and Family Treatment and Support Services (CFTSS)   | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H0038          | 0900         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Notification Required only for Children and Family Treatment and Support Services (CFTSS)   | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H0038          | 0911         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H2012          | None         |           | Required  | Required  | Not Required | Required  | 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  |  |
| BH   | Behavioral Health (Psychology) | H2012          | 0919         |           | Required  | Required  | Not Required | Not Required  | Not Required  | Not Required  | Not Required  | Not Required  |  |
| BH   | Behavioral Health (Psychology) | H2014          | None         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H2014          | 0900         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | H2014          | 0911         |           | Not Required  | Not Required  | Not Required | Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)                     | Not Required  | Not Required  | Not Required  | Notification Required only for CORE (Community Oriented Recovery Empowerment)   |  |
| BH   | Behavioral Health (Psychology) | 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 initial service period. | Not Required  | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required  |  |
| BH   | Behavioral Health (Psychology) | 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 initial service period. | Not Required  | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required  |  |
| BH   | Behavioral Health (Psychology) | 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 initial service period. | Not Required  | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required  |  |
| BH   | Behavioral Health (Psychology) | 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 initial service period. | Not Required  | Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period. | Not Required  |  |
| BH   | Behavioral Health (Psychology) | 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  |  |
| BH   | 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  |  |











| Is the code BH, DME, eviCore, or Medical? | Category                            | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(Commercial Products, but not limited to: HMO, PPO, EPO & POS) | Medicare     | HMO D-SNP    | Safety Net Child Health Plus | Safety Net Essential Plan | Safety Net Managed Medicaid | Safety Net Health and Recovery Program | Diagnosis Requirements (if applicable) |
|---|-------------------------------------|----------------|--------------|-----------|---|--|--------------|--------------|------------------------------|---------------------------|-----------------------------|--|--|
| DME                                       | Durable Medical Equipment           | E0642          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0650          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0651          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0652          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0655          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0656          |              |           | Not Required  | Not Required   | Required     | Required     | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0658          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0659          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0660          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0666          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0667          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0669          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0670          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0671          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0673          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0675          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0676          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0677          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0678          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0679          |              |           | Required  | Required   | Not Required | Not Required | 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     | Not 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   | 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 | 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)         | E0766          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0781          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0782          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0783          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Diabetes (Endocrinology)            | E0784          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0791          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| DME                                       | Durable Medical Equipment           | E0856          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0912          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| DME                                       | Durable Medical Equipment           | E0935          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |





















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|---|---|----------------|--------------|-----------|---|--|--------------|--------------|--|--|--|--|---|
| DME                                       | Durable Medical Equipment                       | L7404          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Durable Medical Equipment                       | L7405          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Miscellaneous & Unlisted Codes                  | L7406          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | L7499          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |   |
| DME                                       | Durable Medical Equipment                       | L5000          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Durable Medical Equipment                       | L5848          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Urinary System(Genitourinary)                   | L7900          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Erectile Dysfunction                            | L7902          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Reconstructive Surgery and/or Cosmetic Services | L8600          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Not Required | Not Required | Required<br>(By Diagnosis - see last column) | PA is <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C94.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2 & Z1505 |
| DME                                       | 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                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Bone and Joint (Orthopedics)                    | L8692          |              |           | Required  | Required   | Required     | Required     | Required                                     | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Bone and Joint (Orthopedics)                    | L8701          |              |           | Required  | Required   | Required     | Required     | Required                                     | Required                                     | Not Required                                 | Not Required                                 |   |
| DME                                       | Bone and Joint (Orthopedics)                    | L8702          |              |           | Required  | Required   | Required     | Required     | Required                                     | Required                                     | Not Required                                 | Not Required                                 |   |
| DME                                       | Diabetes (Endocrinology)                        | S1030          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Not Required                                 | Not Required                                 |   |
| DME                                       | Diabetes (Endocrinology)                        | S1031          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Not Required                                 | Not Required                                 |   |
| DME                                       | Diabetes (Endocrinology)                        | S1035          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Diabetes (Endocrinology)                        | S1036          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Diabetes (Endocrinology)                        | S1037          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Childrens Health (Pediatric)                    | S1040          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Not Required                                 | Required                                     | Not Required                                 |   |
| DME                                       | 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                                       | Durable Medical Equipment                       | T4521          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4522          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4523          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4524          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4525          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4526          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4527          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4528          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4529          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4530          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | 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 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4533          |              |           | Required  | Required   | Not Required | Not Required | Not 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 | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4536          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4537          |              |           | Required  | Required   | Not Required | Not Required | Not 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 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4541          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4542          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T4543          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| DME                                       | Durable Medical Equipment                       | T5001          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Durable Medical Equipment                       | V5014          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| DME                                       | Durable Medical Equipment                       | V5030          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |





























| Is the code BH, DME, eviCore, or Medical? | Category   | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(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      | 0480T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0483T          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0484T          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0525T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0544T          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0545T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0569T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0570T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Urinary System(Genitourinary)                        | 0582T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Transplants  | 0584T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Transplants  | 0585T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Transplants  | 0586T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Neuromuscular Stimulation and Electrical Shock Units | 0587T          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0594T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0596T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0597T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Cancer Treatment (Oncology)                          | 0600T          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Cancer Treatment (Oncology)                          | 0601T          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0607T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0608T          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0615T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Genetic Testing                                      | 0616U          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Laboratory   | 0617U          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0620T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Genetic Testing                                      | 0630U          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0632T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0644T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0645T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0646T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 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                                   | Miscellaneous & Unlisted Codes                       | 0652T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0653T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Urinary System(Genitourinary)                        | 0655T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0656T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0657T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                                 | 0671T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0672T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0673T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0686T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0687T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                                 | 0688T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0692T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0693T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0695T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)              | 0696T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                                 | 0704T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0707T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Urinary System(Genitourinary)                        | 0714T          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                         | 0719T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Cancer Treatment (Oncology)                          | 0738T          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Cancer Treatment (Oncology)                          | 0739T          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0740T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Miscellaneous & Unlisted Codes                       | 0741T          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Radiology (Imaging) Services                         | 0743T          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |  |



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|---|---|----------------|--------------|-----------|---|--|--------------|--------------|---|---|---|---|--|
| Medical                                   | Laboratory                                      | 0848T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0849T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0850T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0851T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0852T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0853T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0854T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0855T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Laboratory                                      | 0856T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0858T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0860T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0864T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0867T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0868T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0869T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0870T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0871T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0872T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0873T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0874T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0875T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0876T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0881T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0884T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0885T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0886T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0888T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)         | 0897T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Cancer Treatment (Oncology)                     | 0898T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Nervous System (Neurology)                      | 0908T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Nervous System (Neurology)                      | 0911T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Nervous System (Neurology)                      | 0912T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 0913T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0941T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0942T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0943T          |              |           | Required  | Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0963T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Digestive System (Gastroenterology)             | 0977T          |              |           | Required  | Required   | Not Required | Not Required | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Nervous System (Neurology)                      | 0988T          |              |           | Not Required  | Not Required   | Required     | Required     | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Urinary System(Genitourinary)                   | 0999T          |              |           | Required  | Required   | Required     | Required     | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Urinary System(Genitourinary)                   | 1000T          |              |           | Required  | Required   | Required     | Required     | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Urinary System(Genitourinary)                   | 1001T          |              |           | Required  | Required   | Required     | Required     | Not Required                              | Not Required                              | Not Required                              | Not Required                              |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 11920          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required (By Diagnosis - see last column) | PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D04.1, D04.2, D04.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505 |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 11950          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 11951          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 11952          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                  | Required                                  | Required                                  | Required                                  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 11954          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                  | Not Required                              | Required                                  | Required                                  |  |





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|---|---|----------------|--------------|-----------|---|--|--------------|--------------|--|--|--|--|--|
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15823          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15824          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15825          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15826          |              |           | Required  | Required   | Required     | Required     | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15828          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15829          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15830          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15832          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15833          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15834          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15835          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15836          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15837          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15838          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15839          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15840          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15842          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15845          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15847          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15876          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15877          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15878          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 15879          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17106          |              |           | Required  | Required   | Required     | Required     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17107          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17108          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17360          |              |           | Required  | Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17380          |              |           | Required  | Required   | Not Required | Not Required | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 17999          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | 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<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Not Required | Not Required | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.01, C79.02, C79.03, C79.04, C84.7A, D05.00, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505 |



| Is the code BH, DME, eviCore, or Medical? | Category  | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(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 | 19371          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505 |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 19380          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505 |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 19499          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required<br>(By Diagnosis - see last column) | PA is Required for all diagnosis codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z803, Z853, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505 |
| Medical                                   | Cancer Treatment (Oncology)                     | 20982          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Cancer Treatment (Oncology)                     | 20983          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21120          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21121          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21122          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21123          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21125          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21127          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21137          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 21138          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21139          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Sleep Medicine                                  | 21141          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21142          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21143          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21145          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21146          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21147          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Sleep Medicine                                  | 21150          |              |           | Required  | Required   | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Sleep Medicine                                  | 21151          |              |           | Required  | Required   | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Sleep Medicine                                  | 21154          |              |           | Required  | Required   | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Sleep Medicine                                  | 21155          |              |           | Required  | Required   | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21159          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21160          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21172          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21175          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21179          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21180          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21181          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 21182          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |  |



| Is the code BH, DME, eviCore, or Medical? | Category  | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(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 | 21742          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Reconstructive Surgery 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                                   | Bone and Joint (Orthopedics)                    | 22206          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22212          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22532          |              |           | Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22548          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22556          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22590          |              |           | Not Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22610          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | 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)                    | 22810          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22812          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22818          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22830          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           | Required                               |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22836          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22837          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22838          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22840          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22849          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22850          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22852          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22855          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 22899          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 24370          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 25446          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 25447          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | 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)                    | 27703          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 28890          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 29800          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 29804          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 30117          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30120          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30400          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30410          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30420          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30430          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 30435          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |  |



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|---|---|----------------|--------------|-----------|---|--|---|---|------------------------------|---------------------------|-----------------------------|--|---|
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33366          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33367          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33368          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33369          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Transplants   | 33412          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33418          |              |           | Required  | Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33419          |              |           | Required  | Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33927          |              |           | Not Required  | Not Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Transplants   | 33933          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Transplants   | 33935          |              |           | Required  | Required   | Required                                  | Required                                  | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Transplants   | 33944          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Transplants   | 33945          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33975          |              |           | Required  | Required   | Not Required                              | Required                                  | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33976          |              |           | Required  | Required   | Not Required                              | Not Required                              | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33979          |              |           | Required  | Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33990          |              |           | Required  | Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33991          |              |           | Required  | Required   | Required                                  | Required                                  | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33992          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33993          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Required                     | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33995          |              |           | Required  | Required   | Not Required                              | Not Required                              | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Heart and Blood Vessel (Cardiovascular)                       | 33999          |              |           | Required  | Required   | Required                                  | Required                                  | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34703          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Required                    | Not Required                           |   |
| Medical                                   | Endovascular Grafts for 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 & Thoracic Aneurysms | 34707          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34841          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34842          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34843          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34844          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34846          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34847          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms | 34848          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36465          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36466          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36470          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36471          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36475          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36476          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36478          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36479          |              |           | Not Required  | Not Required   | Not Required                              | Not Required                              | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36482          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 36483          |              |           | Required  | Required   | Not Required                              | Not Required                              | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Skin (Dermatology)  | 36522          |              |           | Required  | Required   | Required                                  | Required                                  | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services               | 37241          |              |           | Required  | Required   | Not Required                              | Not Required                              | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Urinary System(Genitourinary)                                 | 37242          |              |           | Required (By Diagnosis - see last column)   | Required (By Diagnosis - see last column)  | Required (By Diagnosis - see last column) | Required (By Diagnosis - see last column) | Not Required                 | Not Required              | Not Required                | Not Required                           | PA is Required for the following diagnosis codes: N40.1 |

| Is the code BH, DME, eviCore, or Medical? | Category  | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(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                                   | Radiation Therapy                               | 37243          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37700          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37718          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37722          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37761          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37765          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37766          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    |  |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 37780          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    |  |  |
| Medical                                   | Erectile Dysfunction                            | 37788          |              |           | 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                 | Required                  | Required                    |  |  |
| Medical                                   | Transplants                                     | 38205          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    |  |  |
| Medical                                   | Transplants                                     | 38206          |              |           | Required  | Required   | Required     | Required     | Required                     | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38209          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38210          |              |           | Not Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38211          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38215          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38221          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38220          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38222          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38240          |              |           | Required  | Required   | Not Required | Required     | Required                     | Required                  | Required                    |  |  |
| Medical                                   | Transplants                                     | 38241          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Transplants                                     | 38242          |              |           | Not Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Sleep Medicine                                  | 41512          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                |  |  |
| Medical                                   | Sleep Medicine                                  | 42145          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    |  |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42820          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | 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 (Otorhinolaryngology)  | 42825          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | Not Required                           |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42826          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42830          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | Not Required                           |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42831          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required                    | Required                               |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42835          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 42836          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 42192          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43201          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43210          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43236          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43257          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43284          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43285          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43290          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43291          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Miscellaneous & Unlisted Codes                  | 43497          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43644          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43645          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43647          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43648          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43659          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43770          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43772          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43773          |              |           | Not Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43774          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43775          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |  |
| Medical                                   | Digestive System (Gastroenterology)             | 43842          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |  |







| Is the code BH, DME, eviCore, or Medical? | Category                                  | Procedure Code | Revenue Code | Rate Code | Commercial Fully Insured<br>(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO) | Commercial Self Funded<br>(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) | 58571          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.05, Z80.44, Z85.44, Z86.0A |
| Medical                                   | Womens Health (Obstetrics and Gynecology) | 58572          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.05, Z80.44, Z85.44, Z86.0A |
| Medical                                   | Womens Health (Obstetrics and Gynecology) | 58573          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | Required<br>(By Diagnosis - see last column) | PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.05, Z80.44, Z85.44, Z86.0A |
| Medical                                   | Cancer Treatment (Oncology)               | 58580          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Cancer Treatment (Oncology)               | 58674          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | 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)                | 61630          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61635          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61715          |              |           | Not Required  | Not Required   | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Miscellaneous & Unlisted Codes            | 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                                 | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61860          |              |           | Not Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61863          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Required                                     | Required                                     | Required                                     |   |
| Medical                                   | Nervous System (Neurology)                | 61867          |              |           | Required  | Required   | Required                                     | Required                                     | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61868          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Not Required                                 |   |
| Medical                                   | Nervous System (Neurology)                | 61880          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Nervous System (Neurology)                | 61885          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Required                                     | Required                                     | Required                                     |   |
| Medical                                   | Nervous System (Neurology)                | 61886          |              |           | Required  | Required   | Required                                     | Required                                     | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Nervous System (Neurology)                | 61888          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not 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)              | 63003          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63016          |              |           | Not Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63020          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63046          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Required                                     | Required                                     | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63055          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63064          |              |           | Required  | Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63077          |              |           | 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                                 | Not 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                                     | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63173          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63185          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63191          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63197          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63200          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Not Required                                 | Not Required                                 |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63251          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63252          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63266          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Not Required                                 | Not Required                                 | Required                                     | Required                                     |   |
| Medical                                   | Bone and Joint (Orthopedics)              | 63270          |              |           | Not Required  | Not Required   | Not Required                                 | Not Required                                 | Required                                     | Not Required                                 | Required                                     | Not Required                                 |   |

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|---|---|----------------|--------------|-----------|---|--|--------------|--------------|------------------------------|-----------------------------|-----------------------------|--|--|
| 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                     | Not 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 | Not 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)                    | 63286          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63295          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63300          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63301          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                    | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63304          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63305          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63306          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63307          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63308          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 63661          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                    | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 64450          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Not Required | Not Required | Not Required                 | Not Required                | Not Required                | Not Required                           | PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 64454          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Nervous System (Neurology)                      | 64553          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                    | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64555          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                    | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64561          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                    | Required                    | Required                               |  |
| Medical                                   | Durable Medical Equipment                       | 64567          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                    | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64568          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64580          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required                | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64581          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                    | Required                    | Required                               |  |
| Medical                                   | Sleep Medicine                                  | 64582          |              |           | Required  | Required   | Not Required | Required     | Required                     | Required                    | Required                    | Required                               |  |
| Medical                                   | Sleep Medicine                                  | 64583          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                    | Required                    | Required                               |  |
| Medical                                   | Sleep Medicine                                  | 64584          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                    | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64590          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                    | Required                    | Required                               |  |
| Medical                                   | Durable Medical Equipment                       | 64596          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Bone and Joint (Orthopedics)                    | 64640          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Not Required | Not Required | Not Required                 | Required<br>(All Diagnoses) | Required<br>(All Diagnoses) | Required<br>(All Diagnoses)            | PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 64821          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required                | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 64822          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                    | Required                    | Required                               |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 64823          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required                | Required                    | Required                               |  |
| Medical                                   | Nervous System (Neurology)                      | 64999          |              |           | Required<br>(By Diagnosis - see last column)  | Required<br>(By Diagnosis - see last column)   | Not Required | Not Required | Not Required                 | Not Required                | Not Required                | Not Required                           | PA is Required for the following diagnosis codes: G40.001, G40.009, G40.01, G40.011, G40.019, G40.1, G40.10, G40.101, G40.109, G40.11, G40.111, G40.119, G40.2, G40.201, G40.209, G40.21, G40.211, G40.219, G40.301, G40.309, G40.31, G40.311, G40.319, G40.A01, G40.A09, G40.A1, G40.A11, G40.A19, G40.801, G40.809, G40.81, G40.811, G40.819, G40.821, G40.823, G40.824, G40.83, G40.831, G40.833, G40.834, G40.89, G40.9, G40.901, G40.909, G40.91, G40.911, G40.919, M17.1, M17.2, M17.3, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569 |
| Medical                                   | Eyes (Ophthalmology)                            | 66179          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                            | 66180          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                            | 66183          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                            | 66989          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Eyes (Ophthalmology)                            | 66991          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required                | Not Required                | Not Required                           |  |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67715          |              |           | Not Required  | Not Required   | Not Required | Not Required | 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 | 67902          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                    | Required                    | Required                               |  |

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|---|---|----------------|--------------|-----------|---|--|--------------|--------------|------------------------------|---------------------------|-----------------------------|--|---|
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67903          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67904          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67906          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67908          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67909          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67911          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67914          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67916          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67917          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67921          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67922          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67923          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Not Required                           |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67924          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67950          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 67999          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Reconstructive Surgery and/or Cosmetic Services | 69300          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69705          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69706          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69714          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69716          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69717          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69719          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69729          |              |           | Required  | Not Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69730          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69799          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Ears and Nose and Throat (Otorhinolaryngology)  | 69930          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Radiation Therapy                               | 75894          |              |           | Required (By Diagnosis - see last column)   | Required (By Diagnosis - see last column)  | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           | PA is <b>Required</b> 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                                   | Genetic Testing                                 | 81120          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81121          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81162          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Required                  | Required                    | Required                               |   |
| Medical                                   | Genetic Testing                                 | 81163          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81164          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81165          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Genetic Testing                                 | 81166          |              |           | Required  | Required   | Required     | Required     | Required                     | Required                  | Required                    | Required                               |   |
| Medical                                   | Genetic Testing                                 | 81167          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required                    | Required                               |   |
| Medical                                   | Genetic Testing                                 | 81171          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81172          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81175          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81177          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81178          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81179          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81180          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81181          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81182          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81183          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81184          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81185          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required                | Not Required                           |   |
| Medical                                   | Genetic Testing                                 | 81186          |              |           | Required  | Required   | Required     | Required     | Not Required                 | Not Required              | Not Required                | Not Required                           |   |















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|---|--|----------------|--------------|-----------|---|--|--------------|--------------|------------------------------|---------------------------|--|---|--|
| Medical                                   | Home Care & Home Infusion Nursing Visits | S9123          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | S9124          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | S9125          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | 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 Rehabilitation               | S9128          | None         |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9128          | 780          |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9128          | 789          |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9129          | None         |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9129          | 780          |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9129          | 789          |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9131          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Therapy and Rehabilitation               | S9152          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Required                  | Required   | Required  |  |
| Medical                                   | Transportation                           | S9960          |              |           | Required  | Required   | Not Required | Not Required | Required                     | Required                  | Not Required   | Not Required  |  |
| Medical                                   | Transportation                           | S9961          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required   | Not Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1000          |              |           | Not Required  | Not Required   | Not Required | Required     | Required                     | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1001          | None         |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1001          | 780          |           | Not Required  | Not Required   | Not Required | Required     | Not Required                 | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1001          | 789          |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1002          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1003          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1004          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1019          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1020          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1021          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1030          |              |           | Not Required  | Not Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T1031          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Not Required   | Not Required  |  |
| Medical                                   | Durable Medical Equipment                | T1999          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Required                  | Required   | Required  |  |
| Medical                                   | Transportation                           | T2007          |              |           | Not Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Required   | Required  |  |
| Medical                                   | Home Care & Home Infusion Nursing Visits | T2024          |              |           | Not Required  | Not 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              | Not Required   | Not 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)                     | V2499          |              |           | Not Required  | Not Required   | Not Required | Not Required | Required                     | Not Required              | Required   | Required  |  |
| Medical                                   | Eyes (Ophthalmology)                     | V2787          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required   | Not Required  |  |
| Medical                                   | Eyes (Ophthalmology)                     | V2788          |              |           | Required  | Required   | Not Required | Not Required | Not Required                 | Not Required              | Not Required   | Not Required  |  |
| Medical                                   | Eyes (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   |  |