



May 8, 2026

**UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST**

The following services require clinical review preauthorization for the following lines of business: Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products. Please review the column that applies to the member's specific line of business.

Code Changes Are Highlighted In Grey

IMPORTANT

This list represents those services that require preauthorization with a clinical medical necessity review. Certain services require preauthorization or notification without requiring clinical review. It is NOT inclusive of all insurance products and procedures requiring preauthorization. Please verify specific coverage requirements before rendering service.

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

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

Behavioral Health, Medical & Durable Medical Equipment:

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

EvCore:

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

Internet Request: <https://provider.excellusbcbs.com/authorizations/medical/evcore-healthcare>

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

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

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

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH/Medical	Behavioral Health (Psychology)	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
BH	Behavioral Health (Psychology)	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	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)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	Behavioral Health (Psychology)	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	Behavioral Health (Psychology)	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	Behavioral Health (Psychology)	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	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)	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH	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	
BH	Behavioral Health (Psychology)	H2014	0911	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
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	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0680			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0682			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0691			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0692			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0693			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0694			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Urinary System (Genitourinary)	E0715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0734			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Nervous System (Neurology)	E0735			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0738			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0739			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0747			Required	Required	Required	Required	Required	Not 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	Not 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	
DME	Durable Medical Equipment	E0936			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	L7405			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Code	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5000			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5848			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Urinary System (Genitourinary)	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C88.1, 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, C50.919, C50.911, C50.912, C50.919, C56.3, C79.63, C79.61, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2 & Z1505
DME	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	
DME	Durable Medical Equipment	V5040			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, evisCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Experimental and Investigational Procedures/ Services	0072T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0075T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0076T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0102T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0174T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0175T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0184T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0220T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	0221T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	0232T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0278T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Blood Disorder (Hematology)	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0345T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0397T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0441T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0442T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0446T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0447T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0448T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0449T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0474T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0525T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	0597T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Experimental and Investigational Procedures/ Services	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	Experimental and Investigational Procedures/ Services	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	Experimental and Investigational Procedures/ Services	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System (Genourinary)	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0671T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0693T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0695T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	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	Experimental and Investigational Procedures/ Services	0740T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	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	
Medical	Experimental and Investigational Procedures/ Services	0744T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0745T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0746T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0748T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Laboratory	0843T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0844T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0845T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0846T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0847T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	Experimental and Investigational Procedures/ Services	0858T											
Medical	Experimental and Investigational Procedures/ Services	0860T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0864T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0868T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0869T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0870T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0871T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0872T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0873T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0874T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0875T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0876T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0881T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0884T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0885T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0886T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0888T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services 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	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0999T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1000T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1001T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	15782			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15783			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15788			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15789			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15792			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15793			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15821			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15822			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15823			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15824			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15825			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15826			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15828			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15829			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15830			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15832			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15833			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15834			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15835			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15836			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15837			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Bone and Joint (Orthopedics)	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	Not 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	
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	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 (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Bone and Joint (Orthopedics)	64454			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	64553			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64555			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64561			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64567			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64568			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64581			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	64582			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64583			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64584			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64590			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64596			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	64640			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Reconstructive Surgery and/or Cosmetic Services	64821			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64822			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	64823			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64999			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: G40.001,G40.009,G40.01,G40.011,G40.019,G40.1,G40.10,G40.101,G40.109,G40.11,G40.111,G40.119,G40.2,G40.201,G40.209,G40.21,G40.211,G40.219,G40.301,G40.309,G40.31,G40.311,G40.319,G40.A01,G40.A09,G40.A1,G40.A11,G40.A19,G40.B01,G40.B09,G40.B1,G40.B11,G40.B19,G40.401,G40.409,G40.41,G40.411,G40.419,G40.501,G40.509,G40.801,G40.802,G40.803,G40.804,G40.81,G40.811,G40.812,G40.813,G40.814,G40.82,G40.821,G40.822,G40.823,G40.824,G40.83,G40.833,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,M17.6,M17.8,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	67115			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	
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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Skin (Dermatology)	A2012			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2013			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2014			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2015			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2017			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2018			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2019			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2020			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2026			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2027			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2028			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2029			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2030			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2031			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2032			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2033			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2034			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2035			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	A4238			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A6512			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	A9156			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9268			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9269			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	A9697			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9900			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Food (Nutrition)	B9999			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1767			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1783			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	C1820			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1822			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	C1825			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1826			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C2614			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genourinary)	C2618			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
Medical	Heart and Blood Vessel (Cardiovascular)	C2624			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C2622			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C3354			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C3356			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Sleep Medicine	C3727			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	C9734			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	C9785			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Clinical Trials -	C9792			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9796			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C9817			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genourinary)	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	E0470			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0471			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0601			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	E0769			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	E1399			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E3000			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	G0255			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	G0276			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	G0341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0342			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0343			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2142			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2150			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2152			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S2235			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	S2300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	S3841			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3844			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3846			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3849			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3850			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3852			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3854			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	S3861			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	SS102			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	SS105			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	SS130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	SS199			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Radiology (Imaging) Services	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			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	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	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 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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	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)	V2797			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	