



January 1, 2025

**UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST**

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

Code Changes Are Highlighted In Grey

IMPORTANT

This list represents those services that require preauthorization with a clinical medical necessity review.
It is NOT inclusive of all insurance products and procedures requiring preauthorization.
There may be services which require preauthorization / notification that do not require clinical review.
Please verify specific coverage requirements before rendering service.
These services require preauthorization regardless of place of service.

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

Behavioral Health, Medical & Durable Medical Equipment:

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

CareCentrix

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

EviCore:

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

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

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

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

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH/Medical	90867			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH/Medical	90868			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH/Medical	90869			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH/Medical	90876	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
BH/Medical	90876	0917		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
BH	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	96130	None		Required	Required	Required	Required	Required	Required	Required	Required
BH	96130	0780		Required	Required	Required	Required	Required	Required	Required	Required
BH	96130	0789		Required	Required	Required	Required	Required	Required	Required	Required
BH	96130	0918		Required	Required	Required	Required	Required	Required	Required	Required
BH	96131	None		Required	Required	Required	Required	Required	Required	Required	Required
BH	96131	0780		Required	Required	Not Required	Not Required	Required	Required	Required	Required
BH	96131	0789		Required	Required	Not Required	Not Required	Required	Required	Required	Required
BH	96131	0918		Required	Required	Required	Required	Required	Required	Required	Required
BH	G0137	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required
BH	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)
BH	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)

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BH	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)
BH	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	H0036	0900		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0036	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0900		Not Required	Not Required	Not Required	Not Required	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	H0038	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2012	None		Required	Required	Not Required	Required	Required	Required	Required	Required
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
BH Continuing Day Treatment	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
BH	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
BH	H2014	None		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0900		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014HA	0240	8012	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUK	0900	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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BH	H2014HAUK	0911	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUN	0240	8013	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUP	0240	8014	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUKU N	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2014HAUKU N	0911	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUKU P	0900	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	H2014HAUKU P	0911	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2015HA	0900	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2015HA	0911	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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BH	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2017	None		Not Required	Not Required	Not Required	Notification Required	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	H2017	0900		Not Required	Not Required	Not Required	Notification Required	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	H2017	0911		Not Required	Not Required	Not Required	Notification Required	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	H2023	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required
BH	H2023	0900		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required
BH	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required
BH	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required
BH	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required
BH	S0201	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	S5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
BH	S5150HA	0900	8023	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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BH	S5150HA	0911	8023	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAHKH Q	0900	8026	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAHKH Q	0911	8026	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAHQ	0900	8027	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAHQ	0911	8027	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAET	0900	8028	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAET	0911	8028	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAUN		8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5150HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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BH	S5150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
BH	S5151HA	0900	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HA	0911	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	S5151HAHK	0900	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	S5151HAHK	0911	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAET	0900	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	S5151HAET	0911	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAETH K	0900	8030	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAETH K	0911	8030	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAUN		8066	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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BH	S5151HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	S5151HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	S5151HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH (Excludes Chemical Dependency Diagnosis)	S9480	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH (Excludes Chemical Dependency Diagnosis)	S9480	0905		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
BH	T2013	0900		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required
BH	T2013	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required
BH	T2015	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required
BH	T2015	0900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
BH	T2015	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
BH	T2015HA	0900	8006	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	T2015HA	0911	8006	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required
BH	T2015HAUN	0900	8007	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	T2015HAUN	0911	8007	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	T2015HAUP	0900	8008	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required

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Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
DME	A8003		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required
DME	A9272		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A9274		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	A9276		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	A9277		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	A9278		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	A9280		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	A9281		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A9282		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
DME	B9004		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0193		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0194		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0215		Required	Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0217		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0240		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0245		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0255		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	E0256		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0260		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E0261		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	E0265		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0266		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
DME	E0274		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E0277		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0290		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0291		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0292		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0294		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0295		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0296		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0297		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0301		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
DME	E0302		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0303		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0304		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E0316		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0328		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
DME	E0329		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0371		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0372		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0445		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E0446		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0466		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0467		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E0468		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0472		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	E0482		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E0483		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0485		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0486		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E0490		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E0491		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E									

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DME	E0666		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0667		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0669		Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0670		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0671		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0673		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0675		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	E0676		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0677		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0678		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0679		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0680		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0681		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0682		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0691		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0692		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0693		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0694		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0715		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0720		Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required
DME	E0721		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0730		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E0732		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0733		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0734		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0735		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0736		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0738		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0739		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0747		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E0748		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0749		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	E0760		Required	Required	Required	Required	Required	Required	Required	Required
DME	E0764		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0765		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0766		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	E0781		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0782		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0783		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0784		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	E0785		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0786		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0791		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E0856		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0912		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0936		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E0941		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E0945		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E1002		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E1003		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E1004		Not Required	Not Required	Not Required	Not Required</				

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DME	E2328		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2329		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2330		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2331		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2341		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2343		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2351		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	E2358		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2359		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2366		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2368		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2369		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2370		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2371		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2373		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2374		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2375		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2376		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2377		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2378		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2397		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	E2402		Required	Required	Required	Required	Not Required	Required	Required	Required
DME	E2500		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2502		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2504		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2506		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2508		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	E2510		Required	Required	Required	Required	Required	Required	Required	Required
DME	E2511		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2512		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	E2599		Required	Required	Required	Required	Required	Required	Required	Required
DME	E2609		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2616		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2617		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2621		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2626		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2627		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E2628		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E2629		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	E8000		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E8001		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	E8002		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
DME	K0002		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
DME	K0005		Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0006		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0007		Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0008		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	K0009		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0010		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	K0011		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0012		Required	Required	Required	Required	Required	Not Required	Required	Required
DME	K0013		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	K0014		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	K0108		Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0455		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	K0606		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0739		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	K0743		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	K0800		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0801		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0802		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0806		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0807		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0808		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0812		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0813		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0814		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0815		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0816		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0820		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0821		Required	Required	Not Required	Not Required	Required	Required	Required	Required

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DME	K0822		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0823		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0824		Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0825		Not Required	Not Required	Required	Required	Required	Required	Required	Required
DME	K0826		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0827		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0828		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0829		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0830		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	K0831		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0835		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0836		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0837		Required	Required	Required	Required	Not Required	Required	Required	Required
DME	K0838		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	K0839		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0840		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0841		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0842		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0843		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0848		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0849		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0850		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0851		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0852		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0853		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0854		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0855		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0856		Required	Required	Required	Required	Not Required	Required	Required	Required
DME	K0857		Required	Required	Required	Required	Not Required	Not Required	Required	Required
DME	K0858		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0859		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0860		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0861		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0862		Required	Required	Required	Required	Required	Required	Required	Required
DME	K0863		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0864		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0868		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0869		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0870		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0871		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0877		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0878		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0879		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0880		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0884		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	K0885		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0886		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0890		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K0891		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	K1035		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	K1036		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	K1037		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	L0112		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L0456		Not Required	Not Required	Not Required	Not Required				

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Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
DME	L8702		Required	Required	Required	Required	Required	Required	Not Required	Not Required
DME	S1030		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	S1031		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	S1035		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	S1036		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	S1037		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	S1040		Required	Required	Not Required	Required	Required	Not Required	Required	Required
DME	S4988		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	S5160		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	S5161		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	S9002		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	S9433		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	T4521		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4522		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	T4523		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	T4524		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	T4525		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4526		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4527		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4528		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4529		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4530		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4531		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4532		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4533		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4534		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	T4535		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4536		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4537		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4538		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4540		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4541		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	T4542		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T4543		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	T5001		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	V5014		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	V5030		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	V5040		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	V5050		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	V5060		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
DME	V5070		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	V5080		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	V5120		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5130		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
DME	V5140		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
DME	V5150		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5190		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5230		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5246		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5247		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5252		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5253		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	V5256		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
DME	V5257		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	V5258		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	V5260		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
DME	V5261		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
EviCore (MSK)	0213T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore (MSK)	0214T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore (MSK)	0215T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore (MSK)	0217T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore (MSK)	0218T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore (Radiation Therapy)	0394T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore
EviCore (Radiation Therapy)	0395T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore

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EviCore/Medical (MSK)	63045			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63047			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63048			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63050			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required
EviCore/Medical (MSK)	63051			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required
EviCore/Medical (MSK)	63052			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63053			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63056			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63057			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required
EviCore/Medical (MSK)	63076			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63081			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63082			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63650			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63655			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	63685			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	64451			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	64625			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	64628			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	64629			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	C9757			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required
EviCore/Medical (MSK)	M0076			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required
EviCore/Medical (MSK)	S2118			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	S2348			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.			Required	Required	Required	Required	Required	Required	Required	Required
Acute Rehab/ SNF Admissions	Acute Rehab/ SNF Admissions			Required	Required	Required through CareCentrix	Required	Required	Required	Required	Required
Medical	0006M			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	0007M			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0012M			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required

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Medical (excludes breast cancer diagnosis)	14301			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15650			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15738			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15740			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	15769			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	15770			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (By Diagnosis)	15771			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical (By Diagnosis)	15772			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15773			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15774			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15775			Required	Required	Required	Required	Required	Required	Required	Required
Medical	15776			Required	Required	Required	Required	Required	Required	Required	Required
Medical	15780			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	15781			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	15782			Required	Required	Required	Required	Required	Required	Required	Required
Medical	15783			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	15788			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	15789			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	15792			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	15793			Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	15820			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	15821			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	15822			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	15823			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	15824			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15825			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15826			Required	Required	Required	Required	Required	Required	Required	Required
Medical	15828			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	15829			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15830			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15832			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15833			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15834			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15835			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15836			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15837			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15838			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15839			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	15840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	15842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	15845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	15847			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	15876			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	15877			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	15878			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	15879			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	17106			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	17107			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	17108			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	17360			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	17380			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	17999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	19105			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	19300			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19316			Required	Required	Not Required	Not Required	Required	Required	Required	Required

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Medical (excludes breast cancer diagnosis)	19318			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19325			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19328			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19330			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19340			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19342			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19350			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19355			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19357			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19370			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19371			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19380			Required	Required	Required	Required	Required	Required	Required	Required
Medical (excludes breast cancer diagnosis)	19499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	20975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	20982			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	20983			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21123			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	21125			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21127			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21137			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21138			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21139			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	21141			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21142			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21143			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21145			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21146			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21147			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21150			Required	Required	Required	Required	Required	Required	Required	Required
Medical	21151			Required	Required	Required	Required	Required	Required	Required	Required
Medical	21154			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	21155			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	21159			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21172			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21175			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21179			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	21182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21183			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	21184			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required

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Medical	22810		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22812		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22818		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	22819		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	22830		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22836		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22837		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22838		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22840		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22841		Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	22842		Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22843		Not Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	22849		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	22850		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	22852		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22855		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	22899		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	23473		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	24360		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	24361		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	24362		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	24363		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	24366		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required
Medical	24370		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	24371		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	25441		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	25442		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	25443		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	25444		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required
Medical	25445		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	25446		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	25447		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	25449		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	26530		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	26531		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	26535		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	26536		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	27437		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	27445		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	27702		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	27703		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	28446		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	28890		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	29800		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	29804		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	30117		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	30120		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	30400		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	30410		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	30420		Required	Required	Required	Required	Required	Required	Required	Required
Medical	30430		Required	Required	Not Required	Not Required	Not Required	Not Required		

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Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical (Excludes some hysterectomy related cancer diagnoses)	58543			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58544			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58550			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58552			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58553			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58554			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58570			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58571			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58572			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58573			Required	Required	Required	Required	Required	Required	Required	Required
Medical	58580			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58674			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	58752			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	60660			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	60661			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	61630			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	61736			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	61737			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61860			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	61863			Required	Required	Required	Required	Required	Required	Required	Required
Medical	61864			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	61867			Required	Required	Required	Required	Required	Required	Required	Required
Medical	61868			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61880			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61885			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	61886			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	61888			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	62369			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	62370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required
Medical	63003			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	63046			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63055			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	63064			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63066			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63075			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63077			Required	Required	Required	Required	Required	Required	Required	Required
Medical	63078			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63085			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63086			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63087			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63088			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63090			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63091			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63101			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical</											

Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	63197			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63200			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63250			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63251			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63252			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63266			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63267			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	63268			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63270			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required
Medical	63271			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	63272			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	63273			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63276			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63277			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63278			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63281			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63282			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63283			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63286			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63287			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	63300			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	63301			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63302			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63303			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63304			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63305			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63306			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63307			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63308			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63661			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	64454			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	64553			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	64555			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	64561			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	64568			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	64580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	64581			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	64582			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	64590			Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	64596			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	64624			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical (By Diagnosis)	64640			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	64821			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required

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Medical	67921		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67922		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	67923		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	67924		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67938		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67950		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	68841		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	69300		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	69705		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	69706		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	69714		Required	Required	Required	Required	Required	Required	Required	Required
Medical	69716		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	69729		Required	Required	Required	Required	Required	Required	Required	Required
Medical	69730		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	69799		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	69930		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	75894		Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	76497		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	77086		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
Medical	81120		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81121		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81162		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81163		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81165		Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	81166		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81167		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81171		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81172		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81173		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81174		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81175		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81177		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81178		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81179		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81180		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81181		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81182		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81183		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81184		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81185		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81186		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81187		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81188		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81190		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81191		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81192		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81193		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81194		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81200		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81201		Required	Required	Required					

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Medical	81337	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81344		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81349		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	81351		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81352		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81353		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81364		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81370		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81371		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81372		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81373		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81375		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81376		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81377		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81378		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81379		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81380		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81381		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81382		Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	81383		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81400		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81401		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81402		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81403		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81404		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81405		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81406		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81407		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81408		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81410		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	81411		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81412		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81413		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81414		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81415		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81416		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81418		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81419		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81422		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81425		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81426		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81427		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81432		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81434		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81435		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81439		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81440		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	81441		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81442		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81443		Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81445		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81448									

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Medical	81518		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81519		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81520		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81521		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81522		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81523		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81529		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81535		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81536		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81538		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81539		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81540		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81541		Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	81542		Not Required	Not Required	Not Required	Required	Required	Required	Required	Required
Medical	81546		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	81551		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81552		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	81554		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81595		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81599		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	84433		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	86152		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	86153		Required	Required	Required	Required	Required	Required	Required	Required
Medical	86821		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	88120		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	88121		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical (Inclusion for prostate cancer screening diagnosis codes only)	88184		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical (Inclusion for prostate cancer screening diagnosis codes only)	88185		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	88237		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	88240		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	88261		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	88263		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	88264		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	88267		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	88271		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	88275		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	88361		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	89251		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	89253		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	89290		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	89291		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	91110		Required	Required	Required	Required	Required	Required	Required	Required
Medical	91111		Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	91112		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	91113		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	92145		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	92310		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	92311		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	92313		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	92507		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	92508		Required	Required	Not Required	Not Required	Not Required			

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Is the code BH, DME, eviCore, or Medical?	Procedure Code	Revenue 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 & HNY EPO)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
Medical	A9697		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	A9900		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	A9999		Not Required	Not Required	Not Required	Required	Required	Required	Not Required	Not Required
Medical	B4105		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	B9999		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	C1767		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	C1783		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C1813		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	C1818		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	C1820		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	C1821		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	C1822		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C1825		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C1826		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C1827		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C1832		Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C2614		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical (By Diagnosis)	C2618		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C2622		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	C5273		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	C5277		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	C9354		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	C9356		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	C9363		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	C9727		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C9734		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	C9784		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C9785		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	C9792		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	C9796		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	E0470		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	E0471		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	E0601		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	E0769		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	E1399		Required	Required	Required	Required	Required	Required	Required	Required
Medical	E3000		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	G0182		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	G0255		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	G0276		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0277		Required	Required	Required	Required	Required	Required	Required	Required
Medical	G0281		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	G0283		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0299		Required	Required	Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0300		Not Required	Not Required	Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0341		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0342		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0343		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0422		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	G0423		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0428		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	G0429		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	G0455		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	G0460		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0465		Required	Required	Required	Required	Required	Required	Required	Required
Medical	H0051		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	J0270		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	J0275		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	J2440		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	J2760		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	J3570		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	J7330		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	J7402		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	J9600		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	K0898		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	K0899		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	L1320		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	L1499		Required	Required	Required	Required	Required	Required	Required	Required
Medical	L2006		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	L2999		Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	L3649		Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required

[illegible]

[illegible]

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Medical	S9152			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
Medical	T1001	None		Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1001	780		Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1001	789		Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1002			Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1003			Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	T1004			Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	T1019			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	T1020			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	T1021			Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1030			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	T1031			Required	Required	Required	Required	Required	Required	Required	Required
Medical	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	T2001			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required
Medical	T2004			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
Medical	T2005			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required
Medical	T2007			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required
Medical	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T2038			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required (Only for Moving Assistance/Community transition, for HCBS or CFCO program)	Required (Only required for Moving Assistance/Community transition, for CFCO program)
Medical	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required
Medical	T2042			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T2043			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T2044			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T2045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T2046			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V2399			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V2700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	V2787			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	V2788			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	V2799			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V5362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V5363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	V5364			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0651		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0652		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0655		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0656		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0657		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0659		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	NONE	0172		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0173		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0174		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required
Medical	NONE	0179		Notification Required	Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required