



October 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
Healthcare 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)	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	Not Required	Not Required	Required	Required	Required	Required
BH	96130	0780		Required	Required	Not Required	Not Required	Required	Required	Required	Required
BH	96130	0789		Required	Required	Not Required	Not Required	Required	Required	Required	Required
BH	96130	0918		Required	Required	Not Required	Not Required	Required	Required	Required	Required
BH	96131	None		Required	Required	Not Required	Not 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	Not Required	Not Required	Required	Required	Required	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	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H0038	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	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 only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2014	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	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

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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
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

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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
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 only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2017	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	H2017	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)
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	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required

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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
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

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BH	SS150HAUN	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	SS150HAUN	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	SS150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	SS150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required
BH	SS151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
BH	SS151HA	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	SS151HA	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	SS151HAHK	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	SS151HAHK	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	SS151HAET	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	SS151HAET	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	SS151HAETH 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

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)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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
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

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)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
BH		1001		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)
DME	A4239			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required
DME	A4468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A4520			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
DME	A4540			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A4542			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A4554			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A4560			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	A4575			Required	Required	Required	Required	Required	Required	Required	Required
DME	A4593			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A4594			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	A6501			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	A6503			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	A6507			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	A8002			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required
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	Not Required	Not Required	Not Required	Not Required
DME	E0256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	E0260			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0261			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	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	Not Required	Not Required	Not Required	Not 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	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	E0301			Not Required	Not Required	Required	Required	Required			

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DME	L6950		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L6955		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L6960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L6965		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L6970		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L6975		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7007		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
DME	L7008		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7009		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7040		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7045		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7170		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7180		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7181		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7185		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7186		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7190		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7191		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
DME	L7366		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L7368		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	L7404		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L7405		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L7406		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
DME	L7499		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L5000		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
DME	L5948		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
DME	L7900		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
DME	L7902		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
DME (excludes breast cancer diagnosis)	L8600		Required	Required	Not Required	Not Required	Required	Required	Required	Required
DME	L8610		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	L8615		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
DME	L8619		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L8627		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
DME	L8628		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
DME	L8692		Required	Required	Required	Required	Required	Required	Required	Required
DME	L8693		Not Required	Not Required	Required	Not Required	Required	Not Required	Not Required	Not Required
DME	L8701		Required	Required	Required	Required	Required	Required	Not Required	Not Required
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	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	

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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)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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)	63075			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not 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)	63087			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63088			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63090			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63091			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63102			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required
EviCore/Medical (MSK)	63103			Required through EviCore	Required	Required through EviCore	Required through EviCore	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)	63663			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required
EviCore/Medical (MSK)	63664			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not 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)	64624			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not 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)	64632			Required through EviCore	Not 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

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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
Medical	0013M			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	0015M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0016M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0018M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0019M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0020M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0001U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0005U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	0017U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0018U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	0026U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	0027U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0030U			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	0034U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0035U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0036U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0037U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	0045U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0047U			Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	0055U			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required
Medical	0060U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0070U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	0071U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0072U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0073U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0074U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0075U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0076U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0080U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0087U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0088U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	0089U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	0090U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0092U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	0101U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0102U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0103U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0118U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0129U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0130U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0131U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0132U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0133U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0134U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	0135U			Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	0137U			Required	Required	Required	Required	Required	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)	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 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
Medical	21188			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	21193			Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	21194			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21195			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21196			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	21198			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
Medical	21199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	21206			Not Required	Not Required	Not Required	Not				

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Medical	44135		Required	Required	Required	Required	Required	Required	Required	Required
Medical	44136		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	44705		Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	46707		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	46999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical (By Diagnosis)	47000		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical (By Diagnosis)	47001		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical (By Diagnosis)	47100		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	47133		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47135		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	47140		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47141		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47142		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47370		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47371		Required	Required	Required	Required	Required	Required	Required	Required
Medical (By Diagnosis)	47379		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	47380		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	47381		Required	Required	Required	Required	Required	Required	Required	Required
Medical	47382		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	47383		Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required
Medical	47562		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	47564		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	47605		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	48160		Required	Required	Required	Required	Required	Not Required	Required	Required
Medical	48550		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	48551		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	48552		Required	Required	Required	Required	Required	Required	Required	Required
Medical	48554		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	48556		Required	Required	Required	Required	Required	Required	Required	Required
Medical	50300		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	50320		Required	Required	Required	Required	Required	Required	Required	Required
Medical	50325		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	50328		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	50329		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	50340		Required	Required	Required	Not Required	Required	Required	Required	Required
Medical	50360		Required	Required	Required	Required	Required	Required	Required	Required
Medical	50365		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	50370		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	50380		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	50542		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	50547		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	50590		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	50592		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	50593		Required	Required	Required	Required	Not Required	Not Required	Required	Not Required
Medical	51715		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	52284		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	52441		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	52442		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	53854		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	53865		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	53866		Required	Required	Required	Required	Not Required	Required	Required	

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Medical	54680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	55870			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	55880			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	55970			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	55980			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	56620			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	56805			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58150			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58152			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58180			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58260			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58262			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58263			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58270			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58280			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58285			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58290			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58291			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58292			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58294			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58541			Required	Required	Required	Required	Required	Required	Required	Required
Medical (Excludes some hysterectomy related cancer diagnoses)	58542			Required	Required	Required	Required	Required	Required	Required	Required
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

				Commercial Fully Insured	Commercial Self Funded						
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Medical	58752	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	60660	Required		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	60661	Required		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	61630	Required		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	61635	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	61736	Required		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	61737	Required		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	61850	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61860	Required		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	61863	Required		Required	Required	Required	Required	Required	Required	Required	Required
Medical	61864	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	61867	Required		Required	Required	Required	Required	Required	Required	Required	Required
Medical	61868	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61880	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	61885	Required		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	61886	Required		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	61888	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	62369	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	62370	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required
Medical	63003	Required		Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63011	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63016	Required		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	Not Required	Required	Required	Required
Medical	63046	Required		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63055	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	63064	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	63066	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63077	Required		Required	Required	Required	Required	Required	Required	Required	Required
Medical	63078	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63085	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63086	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63101	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63170	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63172	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63173	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63185	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63190	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63191	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63197	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63200	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63250	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63251	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63252	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63266	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63267	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	63268	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	63270	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required
Medical											

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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 (By Diagnosis)	64450		Required	Required	Not Required	Not Required	Not Required	Not 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	64583		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	64584		Not Required	Not 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 (By Diagnosis)	64640		Required (By Diagnosis)	Required (By Diagnosis)	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)
Medical	64821		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	64822		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	64823		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical (By Diagnosis)	64999		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	66179		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	66180		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	66183		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	66989		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	66991		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	67715		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	67900		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	67901		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	67902		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	67903		Required	Required	Required	Required	Required	Required	Required	Required
Medical	67904		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	67906		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67908		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	67909		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	67911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67914		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67915		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	67916		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	67917		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
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 (By Diagnosis)	75894		Required	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	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

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Medical	81277		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81284		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81285		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81286		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81287		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81288		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required
Medical	81289		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81290		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81292		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81293		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81294		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81295		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81296		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81297		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81298		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81299		Required	Required	Required	Required	Not Required	Not Required	Required	Required
Medical	81300		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81301		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81302		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81303		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81304		Required	Required	Required	Required	Not Required	Required	Not Required	Required
Medical	81305		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81306		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81307		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81308		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81309		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81310		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81311		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81312		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81313		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81314		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81315		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81317		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81318		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81319		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	81320		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81321		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81322		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81323		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81324		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81325		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81326		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81327		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81330		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81331		Required	Required	Required	Required	Not Required	Required	Not Required	Required
Medical	81332		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81335		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81336		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81337		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	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

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)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program
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	Not 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		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81449		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	81450		Required	Required	Required	Required	Required	Required	Not Required	Not Required
Medical	81451		Required	Required	Not Required	Required	Required	Required	Required	Required
Medical	81455		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required
Medical	81456		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	81457		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81458		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81459		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81460		Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	81462		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81463		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81464		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81465		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	81470		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	81471		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	81479		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81490		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	81506		Required	Required	Required	Required	Required	Required	Required	Required
Medical	81517		Required	Required	Not Required	Not Required	Required	Required	Required	Required
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	Not Required	Not Required	Required	Required	Not Required	Not 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		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	81542		Required	Required	Not Required	Required	Required	Required	Not Required	Not 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					

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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	Not Required	Not 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	Required	Required	Required
Medical	92517		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92518		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92519		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	92526		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	92549		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required
Medical	92972		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93025		Required	Required	Required	Required	Required	Required	Required	Required
Medical	93150		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93151		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93152		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93153		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	93264		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required
Medical	93452		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required
Medical	93454		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	93458		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	93459		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	93462		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required
Medical	93702		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	93980		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	93981		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95199		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95782		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95783		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95803		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
Medical	95805		Required	Required	Required	Required	Not Required	Required	Required	Required
Medical	95807		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95808		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	95810		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	95811		Required	Required	Not Required	Not Required	Required	Required	Required	Required
Medical	95939		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required
Medical	96116		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	96121		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	96132									

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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		Not Required	Not Required	Required	Required	Not Required	Not 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	G0299		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	G0300		Not Required	Not Required	Not 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		Required	Not Required	Not Required	Not Required	Required	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	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	J7402		Required	Required	Required	Required	Not Required	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
Medical	L3999		Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	L6805		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	L7259		Not Required	Not Required	Required	Required	Required	Required	Required	Required
Medical	L8499		Required	Required	Required	Required	Required	Required	Required	Required
Medical	L8603		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	L8604		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	L8605		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	L8606		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required
Medical	L8612		Required	Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	M0075		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	M0300		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	P9020		Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required
Medical	Q2026		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	Q4101		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required
Medical	Q4104		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	Q4105		Required	Required						

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Medical	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	S9128	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required
Medical	S9131			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
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		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required
Medical	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required