



An independent licensee of the Blue Cross Blue Shield Association

January 1, 2026

**UTILIZATION MANAGEMENT STANDARD  
CLINICAL REVIEW PREAUTORIZATION 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 ordering service.

These services require preauthorization regardless of place of service.

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

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

**Behavioral Health, Medical & Durable Medical Equipment:**

For All Lines Of Business, please go to CareAdvantage Provider by going to this URL,  
<https://provider.excellusbcbs.com/authorizations/medical/evicare-healthcare>

Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at [www.eviCore.com](http://www.eviCore.com)

**CareCentrix**

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

**EviCore:**

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

Internet Requests: <https://provider.excellusbcbs.com/authorizations/medical/evicare-healthcare>

Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at [www.eviCore.com](http://www.eviCore.com)

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured		Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNV EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)								
BH/Medical	Behavioral Health (Psychology)	90867			Required	Required		Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90868			Required	Required		Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required		Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	0820T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0821T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0822T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0889T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0890T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0891T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0892T			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	90899	None		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0789		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0789		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0918		Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required		Notification Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0035	None		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0900		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0912		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0913		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)		<b>PLEASE READ IN FULL</b> (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0036	None		Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)
BH	Behavioral Health (Psychology)	H0036	0900		Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)
BH	Behavioral Health (Psychology)	H0036	0911		Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)

































Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	L7007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7009			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7404			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L7405			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5000			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5848			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Urinary System/Genitourinary	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT: C50.1, C56.4, C79.62, C84.1, C50.01, C50.02, C50.09, C50.11, C50.12, C50.15, C50.21, C50.22, C50.23, C50.24, C50.25, C50.26, C50.27, C50.28, C50.29, C50.31, C50.512, C50.519, C50.611, C50.612, C50.613, C50.614, C50.615, C50.616, C50.617, C50.618, C50.619, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A1, C50A2 & Z1505			
DME	Durable Medical Equipment	L8610			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8615			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8619			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8627			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8628			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8692			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8693			Not Required	Not Required	Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1030			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1032			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1036			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1037			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Childrens Health (Pediatric)	S1040			Required	Required	Not Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	S5160			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	S5161			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Food (Nutrition)	S9433			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4521			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4522			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4523			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4524			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4525			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4526			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4527			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4528			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4529			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4530			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4531			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4532			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4533			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4534			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4535			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4536			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4537			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	



































































Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNT EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
Medical	Bone and Joint (Orthopedics)	C3817			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System/Gastrointestinal	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	E0470			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0471			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0601			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E0769			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	E1399			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E3000			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Hospice Services	G0182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	G0255			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	G0276			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Code	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	G0341			Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	G0342			Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	G0343			Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0422			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0423			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Sleep Medicine	G0429			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	G0455			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	G0460			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	G0465			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Alternative Medicine	H0051			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	J0270			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J0275			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2440			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	J3570			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	J7330			Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	J7402			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	K0898			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L1320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	L1499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L2006			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L2999			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L3649			Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L3999			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L6805			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Durable Medical Equipment	L7259			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L8499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System/Gastrointestinal	L8603			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System/Gastrointestinal	L8604			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System/Gastrointestinal	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System/Gastrointestinal	L8606			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Pens (Ophthalmology)	L8612			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	M0075			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Blood Disorders (Hematology)	M0300			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9020			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9206			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	P9410			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	P9404			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	P9405			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Skin (Dermatology)	P9407			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9408			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9410			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9411			Required	Required	Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9412			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9413			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9414			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9415			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9416			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9417			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Skin (Dermatology)	P9418			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9419			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9420			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9421			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9422			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9423			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9424			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9425			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9426			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9427			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9428			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9429			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9430			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9431			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9432			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9433			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9434			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	P9435			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9436			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	P9437			Required	Required	Required	Required	Required	Not Required	Required	Required	





Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
					(Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)							
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S1091			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	S2053			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2054			Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	S2060			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2061			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	S2065			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2149			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2152			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	S2202			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S2235			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Joint and Joint (Orthopedics)	S2300			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3841			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3844			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3846			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3847			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3850			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3852			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3854			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	S3854			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion	S5102			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S5105			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5165			Not Required	Not Required	Not Required	Not Required	Required	Not Required	(Ages 22 & older)	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5199			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Radiology (Imaging)	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9124			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9125			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9126			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Home Care & Home Infusion	S9127	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Therapy and Rehabilitation	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9130	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9152	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transportation	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	T2001			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2004			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2005			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2007			Boat/air	Required	Not Required	Not Required	Not Required	Not Required	Boat/air	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	(Ages 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	(Only for Moving Assistance/Community transition, CFC or CFC program)	(Only required for Moving Assistance/Community transition, for CFC program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	(Ages 22 & older)	Required	
Medical	Hospice Services	T2042			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

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					(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)								
Medical	Hospice Services	T2043			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	Required	
Medical	Hospice Services	T2044			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Hospice Services	T2045			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Hospice Services	T2046			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2399			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2599			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2799			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V3562			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V3563			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V3564			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0650			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0651			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0652			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0655			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0656			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0657			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Hospital Services	0659			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Neonatal Intensive Care	0172			Notification Required	Notification Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	0173			Notification Required	Notification Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	0174			Notification Required	Notification Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	0179			Notification Required	Notification Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	