

January 1, 2026
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:

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

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

CareCentrix
Phone Requests: 1-866-501-4659, Sunday through Saturday from 8:00 a.m. – 8:00 p.m.
EvCore:
Phone Requests: Phone: 1-888-333-9036, Monday through Friday from 7:00 a.m. – 7:00 p.m.
Internet Request: <https://provider.excellusbcbs.com/authorizations/medical/evcore-healthcare>
Fax Requests: Fax: 1-888-785-2497. Forms to fax preauthorization requests will be made available at www.EvCore.com

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

Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH/Medical	Behavioral Health (Psychology)	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	08207			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)	0899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
BH	Behavioral Health (Psychology)	H0035	None		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0900		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0912		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0913		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0036	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	

[illegible]

Is the code BH, DME, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	A8003			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Skin (Dermatology)	A9272			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9274			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	A9280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Durable Medical Equipment	A9281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A9282			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
DME	Food (Nutrition)	B9004			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0193			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0194			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0215			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0217			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0240			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0245			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0255			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0260			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0261			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0266			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0274			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0277			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0290			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0291			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Durable Medical Equipment	E0292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0294			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0295			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0296			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0297			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0301			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0302			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0303			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0304			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0316			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0372			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0445			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0446			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0466			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0467			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0472			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Lungs (Respiratory)	E0481			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Lungs (Respiratory)	E0482			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Lungs (Respiratory)	E0483			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Sleep Medicine	E0485			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Lungs (Respiratory)	E0486			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0491			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0492			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0493			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Sleep Medicine	E0530			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Heart and Blood Vessel (Cardiovascular)	E0616			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0619			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Home Care & Home Infusion Nursing Visits	E0625			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Home Care & Home Infusion Nursing Visits	E0627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Home Care & Home Infusion Nursing Visits	E0630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0637			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0638			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0641			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0642			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0650			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0651			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0652			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

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 & HWP 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	E0655			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0656			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0658			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0659			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0660			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0666			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0667			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0669			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0670			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0671			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0673			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0675			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0676			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0677			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0678			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0679			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0680			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0682			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0691			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0692			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0693			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0694			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Urinary System(Genitourinary)	E0715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0720			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0734			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Nervous System (Neurology)	E0735			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0738			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0739			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0747			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0748			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0749			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0760			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0764			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Digestive System (Gastroenterology)	E0765			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Cancer Treatment (Oncology)	E0766			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0781			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2510			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2599			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0006			Not Required	Not Required	Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0007			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0455			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Heart and Blood Vessel (Cardiovascular)	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Skin (Dermatology)	K0743			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0807			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0808			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0813			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0814			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0816			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0821			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0823			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0824			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0825			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0826			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0827			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0828			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0829			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0830			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
DME	Durable Medical Equipment	K0831			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0835			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0836			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0837			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0838			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0839			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0841			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0842			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0843			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0848			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0849			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0850			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0851			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0852			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0853			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0854			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0855			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0856			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0857			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0858			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0860			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0861			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0862			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0863			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0864			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0870			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0871			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0877			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0885			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0886			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0890			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0891			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K1035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0112			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0456			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0457			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0468			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0469			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0470			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0480			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0482			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0484			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0486			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0488			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0490			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0491			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0492			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Is the code BH, DME, evCO, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & UHWT 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	Bone and Joint (Orthopedics)	L0631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0632			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0635			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0636			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0637			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0639			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0640			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L0651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0720			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L0859			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L0999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1001			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1005			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1007			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1681			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1685			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1686			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1690			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1720			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1730			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1755			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1832			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1833			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1834			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1840			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1843			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1844			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1846			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L1860			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1933			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1945			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1951			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1952			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1970			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2005			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, w/Care, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to HMO, PPO, EPO, POS & 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	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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2 & Z1505
DME	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)	S1035			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	Not Required	Not 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	

[illegible]

Is the code BH, DNE, orHCare, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Laboratory	0542U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0543U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0549U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0552U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0553U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0554U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0555U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0558U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0562U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0567U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0568U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0569U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0571U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0572U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0573U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0575U			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Laboratory	0576U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	0578U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0582U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0583U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0585U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0586U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0591U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0592U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0596U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0597U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0599U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0605U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0609U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0613U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0071T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0072T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0075T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0076T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0102T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0174T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Radiology (Imaging) Services	0175T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0220T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	0221T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	0232T			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0278T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Blood Disorder (Hematology)	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0345T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	0397T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0441T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0442T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0446T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0447T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0448T			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0449T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0474T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0525T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0569T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Urinary System (Genitourinary)	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	0584T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0585T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0586T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eVCare, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO, POS & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Experimental and Investigational Procedures/ Services	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0607T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0608T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0620T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0671T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0693T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0695T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0714T			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0738T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0739T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0740T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0741T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0743T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0744T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0745T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0746T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0748T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviscer, or Medicaid?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
Medical	Laboratory	08547			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	08551			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	08561			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08581			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08601			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08641			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08671			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	08681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08691			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08701			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08711			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08731			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08741			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08751			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	08761			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	08811			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08841			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08851			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08861			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	08881			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	08971			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	08981			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	09081			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	09111			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	09121			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	09411			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	09421			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	09431			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	09631			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	09771			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	09881			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	09991			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	10001			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	10011			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11920			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for all diagnosis codes EXCEPT : C56.1, C56.2, C79.61, C79.62, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.

[illegible]

Is the code BH, DME, eVice, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO	Commercial Self Insured	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	19355			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C56.4, C56.5, C56.6, C56.7, C56.8, C56.9, C56.10, C56.11, C56.12, C56.13, C56.14, C56.15, C56.16, C56.17, C56.18, C56.19, C56.20, C56.21, C56.22, C56.23, C56.24, C56.25, C56.26, C56.27, C56.28, C56.29, C56.30, C56.31, C56.32, C56.33, C56.34, C56.35, C56.36, C56.37, C56.38, C56.39, C56.40, C56.41, C56.42, C56.43, C56.44, C56.45, C56.46, C56.47, C56.48, C56.49, C56.50, C56.51, C56.52, C56.53, C56.54, C56.55, C56.56, C56.57, C56.58, C56.59, C56.60, C56.61, C56.62, C56.63, C56.64, C56.65, C56.66, C56.67, C56.68, C56.69, C56.70, C56.71, C56.72, C56.73, C56.74, C56.75, C56.76, C56.77, C56.78, C56.79, C56.80, C56.81, C56.82, C56.83, C56.84, C56.85, C56.86, C56.87, C56.88, C56.89, C56.90, C56.91, C56.92, C56.93, C56.94, C56.95, C56.96, C56.97, C56.98, C56.99, C57.0, C57.1, C57.2, C57.3, C57.4, C57.5, C57.6, C57.7, C57.8, C57.9, C57.10, C57.11, C57.12, C57.13, C57.14, C57.15, C57.16, C57.17, C57.18, C57.19, C57.20, C57.21, C57.22, C57.23, C57.24, C57.25, C57.26, C57.27, C57.28, C57.29, C57.30, C57.31, C57.32, C57.33, C57.34, C57.35, C57.36, C57.37, C57.38, C57.39, C57.40, C57.41, C57.42, C57.43, C57.44, C57.45, C57.46, C57.47, C57.48, C57.49, C57.50, C57.51, C57.52, C57.53, C57.54, C57.55, C57.56, C57.57, C57.58, C57.59, C57.60, C57.61, C57.62, C57.63, C57.64, C57.65, C57.66, C57.67, C57.68, C57.69, C57.70, C57.71, C57.72, C57.73, C57.74, C57.75, C57.76, C57.77, C57.78, C57.79, C57.80, C57.81, C57.82, C57.83, C57.84, C57.85, C57.86, C57.87, C57.88, C57.89, C57.90, C57.91, C57.92, C57.93, C57.94, C57.95, C57.96, C57.97, C57.98, C57.99, C58.0, C58.1, C58.2, C58.3, C58.4, C58.5, C58.6, C58.7, C58.8, C58.9, C58.10, C58.11, C58.12, C58.13, C58.14, C58.15, C58.16, C58.17, C58.18, C58.19, C58.20, C58.21, C58.22, C58.23, C58.24, C58.25, C58.26, C58.27, C58.28, C58.29, C58.30, C58.31, C58.32, C58.33, C58.34, C58.35, C58.36, C58.37, C58.38, C58.39, C58.40, C58.41, C58.42, C58.43, C58.44, C58.45, C58.46, C58.47, C58.48, C58.49, C58.50, C58.51, C58.52, C58.53, C58.54, C58.55, C58.56, C58.57, C58.58, C58.59, C58.60, C58.61, C58.62, C58.63, C58.64, C58.65, C58.66, C58.67, C58.68, C58.69, C58.70, C58.71, C58.72, C58.73, C58.74, C58.75, C58.76, C58.77, C58.78, C58.79, C58.80, C58.81, C58.82, C58.83, C58.84, C58.85, C58.86, C58.87, C58.88, C58.89, C58.90, C58.91, C58.92, C58.93, C58.94, C58.95, C58.96, C58.97, C58.98, C58.99, C59.0, C59.1, C59.2, C59.3, C59.4, C59.5, C59.6, C59.7, C59.8, C59.9, C60.0, C60.1, C60.2, C60.3, C60.4, C60.5, C60.6, C60.7, C60.8, C60.9, C60.10, C60.11, C60.12, C60.13, C60.14, C60.15, C60.16, C60.17, C60.18, C60.19, C60.20, C60.21, C60.22, C60.23, C60.24, C60.25, C60.26, C60.27, C60.28, C60.29, C60.30, C60.31, C60.32, C60.33, C60.34, C60.35, C60.36, C60.37, C60.38, C60.39, C60.40, C60.41, C60.42, C60.43, C60.44, C60.45, C60.46, C60.47, C60.48, C60.49, C60.50, C60.51, C60.52, C60.53, C60.54, C60.55, C60.56, C60.57, C60.58, C60.59, C60.60, C60.61, C60.62, C60.63, C60.64, C60.65, C60.66, C60.67, C60.68, C60.69, C60.70, C60.71, C60.72, C60.73, C60.74, C60.75, C60.76, C60.77, C60.78, C60.79, C60.80, C60.81, C60.82, C60.83, C60.84, C60.85, C60.86, C60.87, C60.88, C60.89, C60.90, C60.91, C60.92, C60.93, C60.94, C60.95, C60.96, C60.97, C60.98, C60.99, C61.0, C61.1, C61.2, C61.3, C61.4, C61.5, C61.6, C61.7, C61.8, C61.9, C61.10, C61.11, C61.12, C61.13, C61.14, C61.15, C61.16, C61.17, C61.18, C61.19, C61.20, C61.21, C61.22, C61.23, C61.24, C61.25, C61.26, C61.27, C61.28, C61.29, C61.30, C61.31, C61.32, C61.33, C61.34, C61.35, C61.36, C61.37, C61.38, C61.39, C61.40, C61.41, C61.42, C61.43, C61.44, C61.45, C61.46, C61.47, C61.48, C61.49, C61.50, C61.51, C61.52, C61.53, C61.54, C61.55, C61.56, C61.57, C61.58, C61.59, C61.60, C61.61, C61.62, C61.63, C61.64, C61.65, C61.66, C61.67, C61.68, C61.69, C61.70, C61.71, C61.72, C61.73, C61.74, C61.75, C61.76, C61.77, C61.78, C61.79, C61.80, C61.81, C61.82, C61.83, C61.84, C61.85, C61.86, C61.87, C61.88, C61.89, C61.90, C61.91, C61.92, C61.93, C61.94, C61.95, C61.96, C61.97, C61.98, C61.99, C62.0, C62.1, C62.2, C62.3, C62.4, C62.5, C62.6, C62.7, C62.8, C62.9, C62.10, C62.

[illegible]

Is the code BH, DME, evCode, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Transplants	32850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	32851			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32853			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32854			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	32998			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33202			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33254			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33255			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33258			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33265			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33266			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33269			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33277			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33278			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33279			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33280			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33281			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33285			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33287			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	33288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33340			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33361			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33362			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33363			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33364			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33365			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33366			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33367			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33368			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33406			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33410			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33411			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	33412			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33413			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33418			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33419			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33927			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	33930			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	33933			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	33935			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Transplants	33944			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	33945			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33975			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33979			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33990			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33991			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33992			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33993			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33995			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33997			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33999			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Arteries	34701			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Arteries	34702			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Arteries	34703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Arteries	34704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	Digestive System (gastroenterology)	47000			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E56.01, E56.2, E56.35, E56.36, E56.37, E56.38, E56.39, E56.40, E56.41, E56.42, E56.43, E56.44, E56.45, E56.0, E56.09, E56.3, E56.811, E56.812, E56.813, E56.89,E56.9
Medical	Digestive System (gastroenterology)	47001			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E56.01, E56.2, E56.35, E56.36, E56.37, E56.38, E56.39, E56.40, E56.41, E56.42, E56.43, E56.44, E56.45, E56.0, E56.09, E56.3, E56.811, E56.812, E56.813, E56.89,E56.9
Medical	Digestive System (gastroenterology)	47100			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E56.01, E56.2, E56.35, E56.36, E56.37, E56.38, E56.39, E56.40, E56.41, E56.42, E56.43, E56.44, E56.45, E56.0, E56.09, E56.3, E56.811, E56.812, E56.813, E56.89,E56.9
Medical	Transplants	47133			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Transplants	47135			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants	47140			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	47141			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	47142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47370			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47371			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (gastroenterology)	47379			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for the following diagnosis codes: E56.01, E56.2, E56.35, E56.36, E56.37, E56.38, E56.39, E56.40, E56.41, E56.42, E56.43, E56.44, E56.45, E56.0, E56.09, E56.3, E56.811, E56.812, E56.813, E56.89,E56.9
Medical	Cancer Treatment (Oncology)	47380			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47381			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	47383			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (gastroenterology)	47562			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (gastroenterology)	47564			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (gastroenterology)	47605			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	48160			Required	Required	Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	48550			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	48551			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	48552			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	48554			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	48556			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	50320			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50325			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	50328			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	50329			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Transplants	50340			Required	Required	Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	50360			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50365			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50370			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	50380			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	50542			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	50547			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Urinary System(Genitourinary)	50590			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50592			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50593			Required	Required	Not Required	Required	Not Required	Not Required	Required	Not Required	
Medical	Urinary System(Genitourinary)	51715			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	52284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52441			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52442			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52597			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53854			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53865			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	53866			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Erectile Dysfunction	54220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54231			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54235			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54340			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54350			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54350			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54400			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54401			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54405			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54406			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54408			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54410			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54411			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54415			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54416			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	54680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	55870			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Cancer Treatment (Oncology)	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55877			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55880			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55970			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55980			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56620			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56805			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56805			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Women's Health (Obstetrics & Gynecology)	58150			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.1, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.9, C55.0, C56.1, C56.2, C56.4, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.8, D06.9, D07.0, C73.8, C73.9, C74.0, C74.1, C74.2, C74.3, C74.4, C74.5, C74.6, C74.7, C74.8, C74.9, C75.0, C75.1, C75.2, C75.3, C75.4, C75.5, C75.6, C75.7, C75.8, C75.9, C76.0, C76.1, C76.2, C76.3, C76.4, C76.5, C76.6, C76.7, C76.8, C76.9, C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.6, C77.7, C77.8, C77.9, C78.0, C78.1, C78.2, C78.3, C78.4, C78.5, C78.6, C78.7, C78.8, C78.9, C79.0, C79.1, C79.2, C79.3, C79.4, C79.5, C79.6, C79.7, C79.8, C79.9, C80.0, C80.1, C80.2, C80.3, C80.4, C80.5, C80.6, C80.7, C80.8, C80.9, C81.0, C81.1, C81.2, C81.3, C81.4, C81.5, C81.6, C81.7, C81.8, C81.9, C82.0, C82.1, C82.2, C82.3, C82.4, C82.5, C82.6, C82.7, C82.8, C82.9, C83.0, C83.1, C83.2, C83.3, C83.4, C83.5, C83.6, C83.7, C83.8, C83.9, C84.0, C84.1, C84.2, C84.3, C84.4, C84.5, C84.6, C84.7, C84.8, C84.9, C85.0, C85.1, C85.2, C85.3, C85.4, C85.5, C85.6, C85.7, C85.8, C85.9, C86.0, C86.1, C86.2, C86.3, C86.4, C86.5, C86.6, C86.7, C86.8, C86.9, C87.0, C87.1, C87.2, C87.3, C87.4, C87.5, C87.6, C87.7, C87.8, C87.9, C88.0, C88.1, C88.2, C88.3, C88.4, C88.5, C88.6, C88.7, C88.8, C88.9, C89.0, C89.1, C89.2, C89.3, C89.4, C89.5, C89.6, C89.7, C89.8, C89.9, C90.0, C90.1, C90.2, C90.3, C90.4, C90.5, C90.6, C90.7, C90.8, C90.9, C91.0, C91.1, C91.2, C91.3, C91.4, C91.5, C91.6, C91.7, C91.8, C91.9, C92.0, C92.1, C92.2, C92.3, C92.4, C92.5, C92.6, C92.7, C92.8, C92.9, C93.0, C93.1, C93.2, C93.3, C93.4, C93.5, C93.6, C93.7, C93.8, C93.9, C94.0, C94.1, C94.2, C94.3, C94.4, C94.5, C94.6, C94.7, C94.8, C94.9, C95.0, C95.1, C95.2, C95.3, C95.4, C95.5, C95.6, C95.7, C95.8, C95.9, C96.0, C96.1, C96.2, C96.3, C96.4, C96.5, C96.6, C96.7, C96.8, C96.9, C97.0, C97.1, C97.2, C97.3, C97.4, C97.5, C97.6, C97.7, C97.8, C97.9, C98.0, C98.1, C98.2, C98.3, C98.4, C98.5, C98.6, C98.7, C98.8, C98.9, C99.0, C99.1, C99.2, C99.3, C99.4, C99.5, C99.6, C99.7, C99.8, C99.9, D00.0, D00.1, D00.2, D00.3, D00.4, D00.5, D00.6, D00.7, D00.8, D00.9, D01.0, D01.1, D01.2, D01.3, D01.4, D01.5, D01.6, D01.7, D01.8, D01.9, D02.0, D02.1, D02.2, D02.3, D02.4, D02.5, D02.6, D02.7, D02.8, D02.9, D03.0, D03.1, D03.2, D03.3, D03.4, D03.5, D03.6, D03.7, D03.8, D03.9, D04.0, D04.1, D04.2, D04.3, D04.4, D04.5, D04.6, D04.7, D04.8, D04.9, D05.0, D05.1, D05.2, D05.3, D05.4, D05.5, D05.6, D05.7, D05.8, D05.9, D06.0, D06.1, D06.2, D06.3, D06.4, D06.5, D06.6, D06.7, D06.8, D06.9, D07.0, D07.1, D07.2, D07.3, D07.4, D07.5, D07.6, D07.7, D07.8, D07.9, D08.0, D08.1, D08.2, D08.3, D08.4, D08.5, D08.6, D08.7, D08.8, D08.9, D09.0, D09.1, D09.2, D09.3, D09.4, D09.5, D09.6, D09.7, D09.8, D09.9, D10.0, D10.1, D10.2, D10.3, D10.4, D10.5, D10.6, D10.7, D10.8, D10.9, D11.0, D11.1, D11.2, D11.3, D11.4, D11.5, D11.6, D11.7, D11.8, D11.9, D12.0, D12.1, D12.2, D12.3, D12.4, D12.5, D12.6, D12.7, D12.8, D12.9, D13.0, D13.1, D13.2, D13.3, D13.4, D13.5, D13.6, D13.7, D13.8, D13.9, D14.0, D14.1, D14.2, D14.3, D14.4, D14.5, D14.6, D14.7, D14.8, D14.9, D15.0, D15.1, D15.2, D15.3, D15.4, D15.5, D15.6, D15.7, D15.8, D15.9, D16.0, D16.1, D16.2, D16.3, D16.4, D16.5, D16.6, D16.7, D16.8, D16.9, D17.0, D17.1, D17.2, D17.3, D17.4, D17.5, D17.6, D17.7, D17.8, D17.9, D18.0, D18.1, D18.2, D18.3, D18.4, D18.5, D18.6, D18.7, D18.8, D18.9, D19.0, D19.1, D19.2, D19.3, D19.4, D19.5, D19.6, D19.7, D19.8, D19.9, D20.0, D20.1, D20.2, D20.3, D20.4, D20.5, D20.6, D20.7, D20.8, D20.9, D21.0, D21.1, D21.2, D21.3, D21.4, D21.5, D21.6, D21.7, D21.8, D21.9, D22.0, D22.1, D22.2, D22.3, D22.4, D22.5, D22.6, D22.7, D22.8, D22.9, D23.0, D23.1, D23.2, D23.3, D23.4, D23.5, D23.6, D23.7, D23.8, D23.9, D24.0, D24.1, D24.2, D24.3, D24.4, D24.5, D24.6, D24.7, D24.8, D24.9, D25.0, D25.1, D25.2, D25.3, D25.4, D25.5, D25.6, D25.7, D25.8, D25.9, D26.0, D26.1, D26.2, D26.3, D26.4, D26.5, D26.6, D26.7, D26.8, D26.9, D27.0, D27.1, D27.2, D27.3, D27.4, D27.5, D27.6, D27.7, D27.8, D27.9, D28.0, D28.1, D28.2, D28.3, D28.4, D28.5, D28.6, D28.7, D28.8, D28.9, D29.0, D29.1, D29.2, D29.3, D29.4, D29.5, D29.6, D29.7, D29.8, D29.9, D30.0, D30.1, D30.2, D30.3, D30.4, D30.5, D30.6, D30.7, D30.8, D30.9, D31.0, D31.1, D31.2, D31.3, D31.4, D31.5, D31.6, D31.7, D31.8, D31.9, D32.0, D32.1, D32.2, D32.3, D32.4, D32.5, D32.6, D32.7, D32.8, D32.9, D33.0, D33.1, D33.2, D33.3, D33.4, D33.5, D33.6, D33.7, D33.8, D33.9, D34.0, D34.1, D34.2, D34.3, D34.4, D34.5, D34.6, D34.7, D34.8, D34.9, D35.0, D35.1, D35.2, D35.3, D35.4, D35.5, D35.6, D35.7, D35.8, D35.9, D36.0, D36.1, D36.2, D36.3, D36.4, D36.5, D36.6, D36.7, D36.8, D36.

Is the code BH, DME, w/Care, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY 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	Women's Health (Obstetrics & Gynecology)	58572			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z8544, Z8600A
Medical	Women's Health (Obstetrics & Gynecology)	58573			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT : C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z8544, Z8600A
Medical	Cancer Treatment (Oncology)	58580			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	58674			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Women's Health (Obstetrics & Gynecology)	58752			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60660			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	60661			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61630			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61635			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61715			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	61736			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	61737			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61860			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61863			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61864			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61867			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61868			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61880			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61885			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61886			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	61888			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	62369			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	62370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63003			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	63046			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63055			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63064			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63066			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63077			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63078			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63085			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63086			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63101			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63170			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63172			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63173			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63185			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63190			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63191			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63197			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63200			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63250			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63251			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63252			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63266			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63268			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63270			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63271			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63273			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	

Is the code BH, DME, eVisa, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to HMO, PPO, EPO, POS & 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)	63275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63276			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63278			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63281			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63282			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63283			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63286			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63287			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63300			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63301			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63302			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63303			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63304			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63305			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63306			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63307			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63308			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63661			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	64450			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Bone and Joint (Orthopedics)	64454			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	64553			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64555			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64561			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64567			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64568			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64581			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	64582			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64583			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	64584			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64590			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64596			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	64640			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Required (All Diagnoses)	Required (All Diagnoses)	Required (All Diagnoses)	PA is Required for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Reconstructive Surgery and/or Cosmetic Services	64821			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	64823			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64999			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: G40.001,G40.009,G40.01,G40.011,G40.019,G40.1,G40.10,G40.101,G40.109,G40.11,G40.111,G40.119,G40.2,G40.201,G40.209,G40.21,G40.211,G40.215,G40.301,G40.309,G40.31,G40.311,G40.319,G40.A01,G40.A09,G40.A1,G40.A11,G40.A19,G40.B01,G40.B09,G40.B1,G40.B11,G40.B15,G40.401,G40.409,G40.41,G40.411,G40.419,G40.501,G40.509,G40.801,G40.802,G40.803,G40.804,G40.808,G40.81,G40.811,G40.812,G40.813,G40.814,G40.82,G40.821,G40.822,G40.823,G40.824,G40.83,G40.833,G40.834,G40.89,G40.9,G40.901,G40.903,G40.91,G40.911,G40.919,M17.0,M17.1,M17.2,M17.3,M17.4,M17.5,M17.6,M17.8,M17.9,M25.561,M25.562,M25.563,M25.564,M25.565,M25.566,M25.567,M25.568,M25.569
Medical	Eyes (Ophthalmology)	66179			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66989			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66991			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67900			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67901			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67902			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67903			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67904			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67906			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67908			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67909			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67911			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Fully Insured	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Fully Funded	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
Medical	Behavioral Health (Psychology)	96136			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96137			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96138			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96139			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96573			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96574			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	97605			Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	97606			Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	97607			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	97608			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	97799			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Hospice Services	99377			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Hospice Services	99378			Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	A0080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	A0090			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transportation	A0140			Not Required	Not Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transportation	A0180			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	A0190			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	A0210			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2001			Required	Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2001			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2004			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2005			Required	Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2008			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2009			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2010			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2011			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2012			Required	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2013			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2014			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2015			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2017			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2018			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2019			Required	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2020			Required	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2026			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2027			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2028			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2029			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2030			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2031			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2032			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2033			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2034			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2035			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	A4238			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A6512			Not Required	Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	A9156			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9268			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9269			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	A9292			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	A9697			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9900			Not Required	Not Required		Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Food (Nutrition)	B9999			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1267			Required	Required		Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1283			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	C1820			Required	Required		Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1821			Not Required	Not Required		Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1822			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	C1825			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1827			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	C1832			Not Required	Not Required		Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C2614			Required	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	C2618			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
Medical	Heart and Blood Vessel (Cardiovascular)	C2624			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C2622			Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C5273			Not Required	Not Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	C5272			Not Required	Not Required		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C5254			Required	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	C9356			Not Required	Not Required		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9363			Not Required	Not Required		Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	C9722			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	C9734			Not Required	Not Required		Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	C9785			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Clinical Trials *	C9792			Required	Required		Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9796			Required	Required		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DNE, or Medicare?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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)	C9817			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	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 Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	G0341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0342			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0343			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	G0422			Required	Required	Not Required	Not Required	Required	Not 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	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	G0465			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Alcohol 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	Not 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	Not 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	Required	Not Required	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(Genitourinary)	L8603			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8604			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8606			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (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	Not Required	Required	Required	
Medical	Blood Disorder (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	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0206			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0101			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0104			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0105			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q0107			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0108			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0110			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0111			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0112			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0113			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0114			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0115			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0116			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0117			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0118			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0121			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0122			Required	Required	Required	Required	Required	Not Required	Not Required	Required	
Medical	Skin (Dermatology)	Q0123			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0124			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0125			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0126			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0127			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0128			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0130			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0132			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0133			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q0134			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q0135			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q0136			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q0137			Required	Required	Required	Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, w/Care, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO, POS & POS)	Medicare	HMO-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	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	Not Required	Not Required	
Medical	Transplants	S2054			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	S2060			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2061			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2065			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	S2102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2140			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	Not Required	Required	Required	Not Required	Not 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	Bone 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	S3849			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3850			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3852			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3854			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	S3861			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	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	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) Services	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			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	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	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	780		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9127	789		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not 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	S9131			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	S9152			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transportation	S9960			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	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	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2004			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transportation	T2005			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	T2007			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Only for Moving Assistance/Community transition, for HCBS or CFCD program)	Required (Only for Moving Assistance/Community transition, for CFCD program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required	
Medical	Hospice Services	T2042			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Is the code BH, DNE, ewCare, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HWY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Hospice Services	T2043			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2044			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	T2046			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2399			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2700			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2799			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	V5364			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0651		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0652		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0653		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0656		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0657		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0659		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Neonatal Intensive Care	NONE	0172		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0173		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0174		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0179		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	