

## January 1, 2026

## UTILIZATION MANAGEMENT STANDARD CLINICAL REVIEW PREAUTHORIZATION LIST

The following services require clinical review meanthcrastant for, Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SHP), 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:

e 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.

EViCore:

Phone Requests: Phone: 1-888-333-9056, Monday through Friday from 7:00 a.m. – 7:00 p.m.

Internet Request: Intelly [rowide rexcellules.cb. com/authorizations/medical/evone/healthcare

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

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

This service will exclude all Self practed Membership and Selfey Net Including Essential Plans: Please review each code to determine if authorization is required through Excellus Health Plans for the FulCore exclusions

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
BH/Medical	Behavioral Health (Psychology)	90867			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	(Psychology) Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	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	
ВН	Behavioral Health (Psychology)	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	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	
ВН	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	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	
ВН	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
ВН	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)	
ВН	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)	NYS, Notrication is Required.	
ВН	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	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.	
ВН	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)			
ВН	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)	
ВН	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)	
ВН	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)	
ВН	Behavioral Health (Psychology)	H0038	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	

					Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(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)
ВН	Behavioral Health (Psychology)	H0038	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H0038	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psvchology)	H2012	None		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0900		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not Required	Required	Required	Required	Required	Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0911		Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
BH	Behavioral Health (Psychology)	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
ВН	Behavioral Health (Psychology)	H2014	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H2014	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H2014	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H2014HA	0240	8012	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUK	0900	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
вн	Behavioral Health (Psychology)	H2014HAUK	0911	8003	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
вн	Behavioral Health (Psychology)	H2014HAUN	0240	8013	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUP	0240	8014	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUK UN	0900	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUK UN	0911	8004	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUK UP	0900	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2014HAUK UP	0911	8005	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HA	0900	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HA	0911	8009	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
ВН	Behavioral Health (Psychology)	H2015HAUN	0900	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the intial service period.	Not Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	Nute coue	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Ficulation		Child Health Plus	Essential Plan	Managed Medicaid	Program	ongrous requiences in approaches
					HNY EPO)	EPO & POS)			Notification Required only for		Notification Required only for		
	Behavioral Health								the initial service period of 60 days/96 units/24 hours; Prior		the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Authorization Required for	Not Required	Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	( -,5,,								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(Psychology)								Concurrent Review beyond the		Concurrent Review beyond the		
								Notification Required only for	intial service period.		intial service period.  Notification Required only for	Notification Required only for	
ВН	Behavioral Health (Psychology)	H2017	None		Not Required	Not Required	Not Required	CORE (Community Oriented Recovery Empowerment)	Not Required	Not Required	Children and Family Treatment and Support Services (CFTSS)	CORE (Community Oriented Recovery Empowerment)	
								(for HARP members only) Notification Required only for			Notification Required only for	Notification Required only for	
ВН	Behavioral Health (Psychology)	H2017	0900		Not Required	Not Required	Not Required	CORE (Community Oriented Recovery Empowerment)	Not Required	Not Required	Children and Family Treatment and Support Services (CFTSS)	CORE (Community Oriented	
								(for HARP members only) Notification Required only for			Notification Required only for	Recovery Empowerment)	
ВН	Behavioral Health (Psychology)	H2017	0911		Not Required	Not Required	Not Required	CORE (Community Oriented Recovery Empowerment)	Not Required	Not Required	Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented	
	Behavioral Health							(for HARP members only)			, , , , , ,	Recovery Empowerment)	
BH	(Psvchology)	H2023	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0900		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
ВН	Behavioral Health (Psychology)	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a	Not Required	Not Required	Not Required	Required	
	(Psychology)							member of HARP)	Notification Required only for		Notification Required only for		
RH	Behavioral Health	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
DFI	(Psychology)	HZUZ3HA	0900	8015	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.  Notification Required only for		intial service period.  Notification Required only for		
	Rehavioral Health								the initial service period of 60 days/96 units/24 hours: Prior		the initial service period of 60 days/96 units/24 hours: Prior		
ВН	(Psychology)	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.		intial service period.		
BH	Behavioral Health (Psychology)	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH													
Di i	Behavioral Health (Psychology)	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
ВН	(Psychology) Behavioral Health (Psychology)	H2036 H2036	None 0902		Notification Required  Notification Required	Notification Required  Notification Required	Not Required  Not Required	Notification Required  Notification Required	Notification Required  Notification Required	Notification Required  Notification Required	Notification Required  Notification Required	Notification Required  Notification Required	
	(Psychology) Behavioral Health (Psychology) Behavioral Health				Notification Required  Notification Required	Notification Required  Notification Required		Notification Required  Notification Required	Notification Required  Notification Required	Notification Required  Notification Required		Notification Required  Notification Required	
BH	(Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology)	H2036 H2036	0902		Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in	Not Required	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS,	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS,	Notification Required  Notification Required  PLEASE READ IN FULL	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in	
BH	(Psychology) Behavioral Health (Psychology) Behavioral Health	H2036	0902		Notification Required  Notification Required  PLEASE READ IN FULL	Notification Required  Notification Required  PLEASE READ IN FULL	Not Required	Notification Required  Notification Required  PLEASE READ IN FULL	Notification Required  Notification Required  PLEASE READ IN FULL	Notification Required  Notification Required  PLEASE READ IN FULL	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of	Notification Required  Notification Required  PLEASE READ IN FULL	
BH BH	(Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology)  Behavioral Health (Psychology)  Behavioral Health (Psychology)	H2036 H2036 S0201	0902 1002		Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Reguired)	Not Required  Not Required  Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required).	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required).	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH BH	(Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology) Behavioral Health	H2036 H2036	0902 1002		Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	Not Required  Not Required	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required.)  Required)  Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	Notification Required  Notification Required  PLEASE READ IN PULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)  Required	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required.  If out of NYS, Authorization is	
BH BH BH	(Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology) Behavioral Health (Psychology)	H2036 H2036 S0201	0902 1002 None		Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)  Not Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Reguired)  Not Required	Not Required  Not Required  Required  Not Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered In NYS, Notification is Required. If out of NYS, Authorization is Required)  Not Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If you of NYS, Authorization is Required  Required  Notification Required only for the initial service period of 60	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)  Not Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in IN'S, Notification is Required. If not if NYS, Authorization is Required. If not if NYS, Authorization is Required  Notification Required only for the initial service period of 60 in the	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required If out of NYS, Authorization is Required)  Required	
BH BH	(Psychology)  Behavioral Health (Psychology)  Behavioral Health (Psychology)  Behavioral Health (Psychology)  Behavioral Health (Psychology)	H2036 H2036 S0201	0902 1002	8023	Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Reguired)	Not Required  Not Required  Required	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required.  Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required	Notification Required  Notification Required  PLEASE READ IN FULL  (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required).	Notification Required  Notification Required  PLEASE READ IN FULL (If a service is Rendered in IN'S), (If a service is Rendered in IN'S), (If a service is Rendered in IN'S), (If a service is Required in IN'S),  Required  Notification Required only for the institle service period of 60 days/96 units/124 hours; Prior Authorization Required for	Notification Required Notification Required PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
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Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
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									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	S5151HAHK	0900	8025	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
	Behavioral Health								Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior		Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior		
ВН	(Psychology)	S5151HAHK	0911	8025	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.  Notification Required only for		intial service period. Notification Required only for		
вн	Behavioral Health	SS151HAET	0900	8029	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
	(Psychology)								Authorization Required for Concurrent Review beyond the intial service period.		Authorization Required for Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5151HAET	0911	8029	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	( ,,								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	S5151HAETH K	0900	8030	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
	Behavioral Health	SS151HAETH							Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior		Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior		
BH	(Psychology)	K	0911	8030	Not Required	Not Required	Not Required	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	Authorization Required for Concurrent Review beyond the	Not Required	
									intial service period.  Notification Required only for		intial service period.  Notification Required only for		
BH	Behavioral Health	S5151HAUN		8066	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	the initial service period of 60 days/96 units/24 hours; Prior	Not Required	
	(Psychology)								Authorization Required for Concurrent Review beyond the intial service period.		Authorization Required for Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5151HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	S5151HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the	Not Required	days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the	Not Required	
	Behavioral Health								intial service period.		intial service period.		
BH	Behavioral Health (Psychology)	S5151HB			Not Required  PLEASE READ IN FULL	Not Required  PLEASE READ IN FULL	Not Required	Not Required  PLEASE READ IN FULL	Not Required  PLEASE READ IN FULL	Not Required  PLEASE READ IN FULL	Notification Required  PLEASE READ IN FULL	Notification Required  PLEASE READ IN FULL	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	None		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
Separation (Separate)	(i sychology)				If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)		out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
BH (Excludes Chemical	Behavioral Health	S9480	0905		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required.	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required.	Not Required	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If out	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required.	
Dependency Diagnosis)	(Psychology)	39400	0305		If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	not required	out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	Notification is Required. If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
вн	Behavioral Health (Psychology)	T2013	0900		Not Required	Not Required	Not Required	Required (only if the member is also a	Not Required	Not Required	Not Required	Required	
	(Psychology)		l	1	<u> </u>			member of HARP)		·			

					Commercial Fully Insured	Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	Kate Coue	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	Pieuicai e	IIIIO D-SILF	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (ii applicable)
	Behavioral Health				HNY EPO)	EPO & POS)							
BH	(Psychology)  Behavioral Health	T2013	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	(Psychology)  Behavioral Health	T2015	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	(Psychology)	T2015	0900		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
BH	Behavioral Health (Psychology)	T2015	0911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	T2015HA	0900	8006	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
	Rehavioral Health								Notification Required only for the initial service period of 60 days/96 units/24 hours: Prior		Notification Required only for the initial service period of 60		
BH	(Psychology)	T2015HA	0911	8006	Not Required	Not Required	Not Required	Not Required	Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	T2015HAUN	0900	8007	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	T2015HAUN	0911	8007	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
		<u>L</u>	<u>L</u>						Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
ВН	Behavioral Health (Psychology)	T2015HAUP	0900	8008	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
									Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Behavioral Health (Psychology)	T2015HAUP	0911	8008	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	(i Sychology)								Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
BH	Therapy and Rehabilitation	T2017	0900		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	Therapy and Rehabilitation	T2017	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	Therapy and Rehabilitation	T2019	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
	Reliabilitation								Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Therapy and Rehabilitation	T2020HA	0240	7933	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	days/96 units/24 hours; Prior Authorization Required for	Not Required	
	Reliabilitation								Concurrent Review beyond the		Concurrent Review beyond the		
									Intial service period.  Notification Required only for		intial service period.  Notification Required only for		
BH	Therapy and Rehabilitation	T2020HAUN	0240	7934	Not Required	Not Required	Not Required	Not Required	the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for	Not Required	the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for	Not Required	
	Renabilitation				·				Concurrent Review beyond the intial service period.		Concurrent Review beyond the intial service period.		
									Notification Required only for the initial service period of 60		Notification Required only for the initial service period of 60		
BH	Therapy and	T2020HAUP	0240	7935	Not Required	Not Required	Not Required	Not Required	days/96 units/24 hours; Prior	Not Required	days/96 units/24 hours; Prior	Not Required	
	Rehabilitation								Authorization Required for Concurrent Review beyond the		Authorization Required for Concurrent Review beyond the	,	
					PLEASE READ IN FULL	PLEASE READ IN FULL		PLEASE READ IN FULL	intial service period.  PLEASE READ IN FULL	PLEASE READ IN FULL	intial service period.  PLEASE READ IN FULL	PLEASE READ IN FULL	
BH	Behavioral Health (Psychology)		0124		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is	Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
	( = ) = = = = 3/)				If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)		Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
	Behavioral Health				PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in		PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required. If	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS, Notification is Required.	
BH	(Psychology)		0126		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS, Authorization is	Not Required	out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is Required)	If out of NYS, Authorization is	
					Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	PLEASE READ IN FULL	Required) PLEASE READ IN FULL	
BH	Behavioral Health (Psychology)		0128		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
	(,/oog)/				If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)		out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	NYS, Authorization is Required)		
	Behavioral Health				PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in		PLEASE READ IN FULL (If a service is Rendered in	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS,	PLEASE READ IN FULL (If a service is Rendered in NYS.	PLEASE READ IN FULL (If a service is Rendered in	
BH	(Psychology)		1002		NYS, Notification is Required. If out of NYS, Authorization is	NYS, Notification is Required. If out of NYS, Authorization is	Not Required	NYS, Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is	Notification is Required. If out of NYS, Authorization is Required)	NYS, Notification is Required. If out of NYS, Authorization is	
					Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL		Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	Required) PLEASE READ IN FULL	PLEASE READ IN FULL	Required) PLEASE READ IN FULL	
BH	Behavioral Health (Psychology)		1001		(If a service is Rendered in NYS, Notification is Required.	(If a service is Rendered in NYS, Notification is Required.	Not Required	(If a service is Rendered in NYS, Notification is Required. If	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out	(If a service is Rendered in NYS, Notification is Required. If out of	(If a service is Rendered in NYS, Notification is Required.	
					If out of NYS, Authorization is Required)	If out of NYS, Authorization is Required)		out of NYS, Authorization is Required)	of NYS, Authorization is Required)	of NYS, Authorization is Required)	NYS, Authorization is Required)	If out of NYS, Authorization is Required)	
DME	Digestive System (Gastroenterology)	A4239			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4520			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4540	Ш		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4542			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4554			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4560			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4575			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	A4593			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
			•										

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Revenue Code Code	Rate Code	(Commercial Products but		Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code Code	rate code	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	riculcuic	inio 5 Sili	Child Health Plus	Essential Plan	Managed Medicaid	Program	bugnoss requirements (ii applicable)
				HNY EPO)	EPO & POS)							
DME	Durable Medical Equipment	A4594		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A6501		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	A6503		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	A6507		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	A8002		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Equipment Durable Medical	A8003		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
DME	Equipment Skin (Dermatology)	A9272		Required	Required Required	Not 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	Diabetes (Endocrinology)	A9276		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	Δ9277		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9278		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Durable Medical								,			
DME	Equipment Durable Medical	A9280		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	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 DME	Food (Nutrition) Durable Medical	B9004 E0193	-	Not Required  Not Required	Not Required  Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
DME	Equipment Durable Medical		1	Not Required  Required	Not Required  Required	Not Required  Not Required	Not Required  Not Required	Required  Not Required	Not Required  Not Required	Required  Not Required	Required  Not Required	
	Equipment Durable Medical	E0194	-									
DME	Equipment Durable Medical	E0215	1	Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E0217	ļ	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	E0260		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F0261		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0266		Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
	Equipment Durable Medical					,						
DME	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	Required	Required	
DME	Durable Medical Equipment	E0292		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment 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	E0296		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0297		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical											
DME	Equipment Durable Medical	E0301	1	Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment	E0302	1	Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0303	ļ	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	E0371		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0372	1	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0445		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	F0446		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Sleep Medicine	E0446 E0466	1	Required	Required Required	Not kequired Required	Not Kequired Required	Not keguired Required	Not kequired Required	Not Required Required	Not kequired 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 DME	Lungs (Respiratory) Lungs (Respiratory)	E0481 E0482		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
DME DME	Lungs (Respiratory) Sleep Medicine	E0483 E0485	<b> </b>	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
DME	Lungs (Respiratory)	E0486		Required Required	Required	Required	Required	Not Required  Not Required	Not Required	Not Required  Not Required	Not Required	
DME DME	Sleep Medicine Sleep Medicine	E0490 E0491		Required	Required Required	Required Required	Required Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	
DME DME	Sleep Medicine Sleep Medicine Durable Medical	E0492 E0493		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not 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 Heart and Blood Vessel	E0530	1	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Cardiovascular)	E0616		Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E0619		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
	Home Care & Home				EPO, POS & HNY EPO)	EPO & POS)							
DME	Infusion Nursing Visits Home Care & Home	E0625			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Infusion Nursing Visits Home Care & Home	E0627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Infusion Nursing Visits  Durable Medical	E0630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	E0637			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E0638			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E0641			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	E0642			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E0650			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	E0651			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0652			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0655			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E0656			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	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	E0678			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0679			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F0680			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F0682			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F0691			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0692			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0693			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0693			Required	Required	Required	Required	Required	Required	Not Required	Not Required  Not Required	
DME	Equipment Urinary	E0715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required  Not Required	
	System(Genitourinary) Durable Medical				· · · · · · · · · · · · · · · · · · ·			***************************************					
DME	Equipment Durable Medical	E0720			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Nervous System	E0734			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Neurology) Durable Medical	E0735			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Bone and Joint	E0736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(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	
DME	Durable Medical Equipment	E0782			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0783			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E0784			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
					4	1.0	4	1		1 " "	1	1	11

					Commercial	Communication							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	E0785			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0791			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	E0856			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0912			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0935			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0936			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E0936			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required  Not Required	
	Equipment Durable Medical	_								-			
DME	Equipment Durable Medical	E0945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1002			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E1003			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1004			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	E1005			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1006			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	E1007			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment	E1008			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1009	7	7	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1011			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1016			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1022			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1023			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1031			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DMF	Equipment Durable Medical	F1036			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F1038			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	F1039			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1050			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1050			Not Required	Not Required  Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required  Not Required	
	Equipment Durable Medical	E1050											
DME	Equipment Durable Medical				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1086			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1087			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	E1088			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1089			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1090			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1092			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1110			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1130			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1140			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1161			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1171			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1172			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1190			Not Required	Not Required  Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required  Not Required	
DME	Equipment Durable Medical	E1195 E1220			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical												
DME	Equipment  Durable Medical	E1221			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1222			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1223			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment	E1224			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1228			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1229			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial	Communicat							
					Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	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)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						riogiani	
DME	Durable Medical	E1230			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1231			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1232			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1232			Required	Required	Required	Required	Required	Required	Required	Required	
	Equipment Durable Medical					· ·		· ·		·			
DME	Equipment Durable Medical	E1234			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E1235			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment	E1236			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1237			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1238			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1239			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1240			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1250			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1260			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1270			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	E1280			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1290			Not Required	Not Required	Not Required	Not Required  Not Required	Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
DME	Equipment Durable Medical	E1295 E1298				Not Required  Not Required		Not Required  Not Required					
	Equipment Durable Medical	-			Not Required		Not Required		Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	E1301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)	E1800			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1801			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1802			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1811			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1815			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1818			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint	E1830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)  Bone and Joint	E1840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DMF	(Orthopedics)  Durable Medical	E1902			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E1905			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Diabetes (Endocrinology	_			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
		_											
DME	Diabetes (Endocrinology Durable Medical	_			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E2228			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2230			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2293			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2294			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2295			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2298			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2301			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2310			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	E2311			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2312			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2322			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	E2322			Not Required	Not Required	Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Not kequired  Required	Not Required Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	E2329			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2330			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2343			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
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To the ends BU DME		n			Fully Insured	Self Funded			Cofee Not	Cofeen No.	Cofeen No.	Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
DME	Durable Medical Equipment	E2351			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2358			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2359			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2369			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2373			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2374			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2375			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2376			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2377			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2378			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	E2397			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Skin (Dermatology) Durable Medical	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Equipment  Durable Medical	E2500 E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical				Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2510			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment  Durable Medical	E2599			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment  Durable Medical	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Equipment  Durable Medical	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	K0455			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Heart and Blood Vesse (Cardiovascular) Durable Medical	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME DME	Skin (Dermatology)  Durable Medical	K0743 K0800			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required  Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
UME	Equipment	NUOUD	l	l	requireu	required	Required	Required	required	required	required	required	

				Commercial	Commercial							
To the code BH DME		Brocoduro	lovonuo	Fully Insured	Self Funded			Cofety Not	Cofety Not	Cofety Net	Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code Rate 0	not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
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	K0827		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Equipment 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	
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 Durable Medical	K0855		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	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 Durable Medical	K0859		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	K0860		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	K0861		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment  Durable Medical	K0862		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment  Durable Medical	K0863		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment  Durable Medical	K0864		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0868		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0869		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0870		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0871		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME DME	Equipment Durable Medical	K0877		Required Required	Required Required	Not Required  Not Required	Not Required  Not Required	Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	K0878 K0879		Required	Required	Not Required	Not Required  Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0879 K0880		Required	Required	Not Required	Not Required  Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0880 K0884		Not Required	Not Required	Not Required	Not Required  Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	K0885		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	NU003		kequireu	nequired	not required	not required	required	nequired	required	vedallea	

				Commercial								
				Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						rrogram	
DME	Durable Medical	K0886		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0890		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K0891		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	K1035		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K1036		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	K1037		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Bone and Joint	L0112		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0112		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L0457		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L0468		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)  Durable Medical	L0469		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L0469 L0470		Not Required  Not Required	Not Required  Not Required	Not Required	Not Required  Not Required		Not Required	Required Required		
DME	(Orthopedics)  Bone and Joint (Orthopedics)	L0470				Not Required		Required		-	Required	
	(Orthopedics) Bone and Joint	_		Not Required	Not Required		Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Durable Medical	L0482		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L0484		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0486		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)	L0488		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0490		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0491		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0492		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0631		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L0632		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(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 Durable Medical	L0648		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	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	(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	(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		L1690		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Bone and Joint (Orthopedics)	21030						1		1	1	1
DME	(Orthopedics) Bone and Joint	L1700		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME DME	(Orthopedics)  Bone and Joint (Orthopedics)  Bone and Joint			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required Required	Not Required  Not Required	Required Required	Required Required	
DME DME	(Orthopedics) Bone and Joint (Orthopedics)	L1700								-		

					Commercial	Communication							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
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	L1834			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L1840			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L1843			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L1844			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	L1845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical									-	-		
DME	Equipment Durable Medical	L1846			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Bone and Joint	L1860			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L1933			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)  Bone and Joint	L1945			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(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) Bone and Joint	L1952			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	(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	L2030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2034			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2036			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	12037			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DMF	(Orthopedics)  Bone and Joint	12038			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2108			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2126			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2126			Not Required	Not Required  Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2128			Not Required	Not Required	Not Required	Not Required	Required	Not Required			
	(Orthopedics)  Bone and Joint				· · · · · · · · · · · · · · · · · · ·			· ·		· ·	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2134			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2136			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L2250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L2280			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	(Orthopedics)	L2350			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2510			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2520			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2525			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2526			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2580	-		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2627			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L2861			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3161			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical	L3230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L3671			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Durable Medical	L3674			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	13720			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Durable Medical	13730			Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Required	Not Required	Required	Required	
DME	Equipment Bone and Joint	L3730			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Orthopedics) Bone and Joint	L3740			Not Required	Not Required		Not Required  Not Required	Required Required	Not Required	Required	,	
DME	(Orthopedics)  Bone and Joint						Not Required					Required	
DME	(Orthopedics)  Bone and Joint	L3764			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3765			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L3766			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

					Commercial	Commorcial							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Bone and Joint (Orthopedics)	L3900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3901			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3904			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L3905			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L3961			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3962			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3967			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3967			Not Required	Not Required  Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Orthopedics)  Bone and Joint										-		
DME	(Orthopedics)  Bone and Joint	L3973			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)  Bone and Joint	L3976			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L3977			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L3978			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics) Bone and Joint	L4010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	(Orthopedics)	L4020			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4030			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4205			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L4631			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5010			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L5050			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5060			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DMF	Equipment Durable Medical	15100			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5105			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5160			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5200			Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Required	Not Required	Required		
DME	Equipment Durable Medical	L5200			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required Required	Not Required  Not Required	Required Required	Required Required	
	Equipment Durable Medical				· · · · · · · · · · · · · · · · · · ·			· ·	·		·		
DME	Equipment Durable Medical	L5220			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5230			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L5250			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5270			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5301			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5312			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5331			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5341			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5400			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5410			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5420			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5430			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5450			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5505			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5510			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5520			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15530			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	15535			Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Required	Not Required  Not Required	Required	Required	
DME	Equipment Durable Medical	L5535			Not Required	Not Required	Not Required	Not Required  Not Required	Required Not Required	Not Required  Not Required	Required Required	Required Required	
	Equipment Durable Medical												
DME	Equipment Durable Medical	L5560			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5570			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5580			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5585			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial	Commorcial							
					Fully Insured	Self Funded						Safety Net Health and Recovery	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	L5590			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5595			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5600			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5610			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5611			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5613			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5614			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5615			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Equipment Durable Medical							· ·		-			
DME	Equipment Durable Medical	L5617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5631			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5638			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5639			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5640			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5642			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5643			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5644			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5645			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5646			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5647			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5648			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5649			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5650			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DMF	Equipment Durable Medical	15651			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unliste	d 15657			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Durable Medical	15661			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5665			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5671			· · · · · · · · · · · · · · · · · · ·	Not Required  Not Required	Not Required	Not Required  Not Required	Not Required	Not Required	Required		
	Equipment Durable Medical				Not Required							Required	
DME	Equipment Durable Medical	L5673			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5677			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L5679			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	L5681			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5682			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5683			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5701			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5702			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5704			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5705			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5706			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical	L5712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5718			Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L5718			Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Required	Not Required	Required	Required	
	Equipment Durable Medical	_											
DME	Equipment Durable Medical	L5724			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L5726			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5728			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5780			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5781			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5782			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5783			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

				Commercial						1		
				Fully Insured	Commercial Self Funded						Cofeen No.	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
DME	Durable Medical	L5785		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5795		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5810		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5811		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5812		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Equipment Durable Medical			· ·						+		
DME	Equipment Durable Medical	L5814		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5816		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5818		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5822		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L5824		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L5826		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Codes Durable Medical	L5827		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical	L5828		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment	L5830		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5840		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L5845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5856		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5857		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5858		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5859		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5920		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L5930		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5950		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5960		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5961		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical	L5962		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5964		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5966		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5968		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L5969		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5973		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5975		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5976		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5979		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5980		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5981		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5982		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5984		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5986		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5987		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical	L5988		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L5990		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint	L5991		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)  Durable Medical	L5999		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6000		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6010		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6020		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6026		Required	Required	Required	Required	Required	Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L6034		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Miscellaneous & Unlisted	L6035		Required	Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Not Required  Not Required	
DME	Codes Miscellaneous & Unlisted	L6035		Required Required	Required Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
	Codes Miscellaneous & Unlisted	L6036								-		
DME	Codes Miscellaneous & Unlisted	L6038		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Codes Durable Medical			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6050		Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required	Not Required	Required	Required	
DME								Required	Not Required	Required	Required	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	(Commercial Products, but	(Commercial Products but	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)
evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	managed medicaid	Program	
DME	Durable Medical	L6100		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6110		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6120		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6130		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical Equipment	L6200		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6205		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6250		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6300		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6310		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6320		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6350		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6360		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6370		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6380		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6382		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6384		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6386		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6388		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6400		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6450		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6500		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6550		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6570		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6580		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6582		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6584		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6586		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6588		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6590		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6621		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6623		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6624		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6625		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6628		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6638		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6646		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6647		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	L6648		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment  Durable Medical  Durable Medical	L6686		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6687		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L6688		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L6689		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L6690		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6692		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6693		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L6694		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6695		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6696		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Miscellaneous & Unlisted	L6697		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Codes  Durable Medical	L6700		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6703		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L6704		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	L6706 L6707		Not Required	Not Required	Not Required  Not Required	Not Required  Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical			Not Required	Not Required			Required	Not Required	Required	Required	
DME	Equipment	L6708		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial	Commorcial							
Is the code BH, DME,		Brocoduro	Royenye		Fully Insured	Self Funded			Cofety Not	Cofety Not	Safatu Nat	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	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)
					EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)							
DME	Durable Medical Equipment	L6709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6714			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6721			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6722			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6810			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6880			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6881			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6882			Required	Required	Required	Required	Required	Required	Not Required	Required	
DME	Equipment	L6883			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6884			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6885			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6895			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6900			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6905			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6910			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6915			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6920			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6925			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6930			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6935			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6940			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6950			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6955			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6960			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L6965			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L6970			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
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 Durable Medical	L7045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical  Durable Medical	L7170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment	L7180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L7181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment  Durable Medical	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment Durable Medical	L7191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	L7366			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	L7368			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment Durable Medical	L7404			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment	L7405			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Miscellaneous & Unlisted Codes Durable Medical	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	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	

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 &	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	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 <u>Required</u> for All diagnosis codes <u>EXCEPT</u> : 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, C50.511, C50.512, C50.519, C50.512, C50.5
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	L8693			Not Required	Not Required	Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	(Orthopedics)  Bone and Joint	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	(Orthopedics) Bone and Joint	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
	(Orthopedics)				· · · · · · · · · · · · · · · · · · ·								
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 Durable Medical	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) Durable Medical	S9433			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4521			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4522			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	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	T4532			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4533			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4534			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4535			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4536			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4535			Required	Required Required	Not Required  Not Required	Not Required  Not Required	Required Required	Required Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4537 T4538			Required Required	Required Required			Required Required		Not Required  Not Required		
DME	Equipment Durable Medical	T4538 T4540			· · · · · · · · · · · · · · · · · · ·	·	Not Required	Not Required	·	Required		Not Required	
	Equipment Durable Medical				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Equipment Durable Medical	T4541			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Equipment	T4542			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4543			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T5001			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5014			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5030			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5050			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	V5060			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical	V5070			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5120			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	V5120 V5130			Not Required	Not Required  Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment	V313U			Not kequired	NOT KEGAILED	NUL REQUIRED	ног кедигеа	NUL KEQUIFED	kequired	Keyülred	keyuirea .	

				Commercial	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Rate Cod	Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code Rate Cod	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Pieticale	mio D-SRP	Child Health Plus	Essential Plan	Managed Medicaid	Program	viagnosis requirements (ii applicable)
2115	Durable Medical	1004.40		HNY EPO)	EPO & POS)							
DME DME	Equipment Durable Medical	V5140 V5150		Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required Required	Required Required	Required Required	Required Required	
DME	Equipment Durable Medical	V5150 V5190		Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	V5190 V5230		Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required	Required Required	Required	Required	
DME	Equipment Durable Medical	V5246		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	V5240		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	V5252		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical	V5252		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Equipment Durable Medical	V5256		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Equipment Durable Medical	V5257		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Equipment Durable Medical Equipment	V5258		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	V5260		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	V5261		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0213T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0214T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0215T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0216T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0217T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	0218T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Radiology (Imaging) Services	0331T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0332T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	0395T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0408T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0409T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0515T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0516T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices) EviCore	Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	0517T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0519T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0520T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Radiology (Imaging)	0571T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0609T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0610T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0611T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Heart and Blood Vessel	0612T 0614T		Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Radiology (Imaging)			.,	.,,			.,	-,,			
(Radiology) EviCore	Services Radiology (Imaging)	0633T 0634T		Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0635T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0636T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0637T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	0638T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Services Radiology (Imaging) Services	0648T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0649T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0697T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0698T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0710T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0711T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0712T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Experimental and Investigational	0713T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Procedures/ Services Experimental and									· · · · ·		
EviCore (Radiology)	Investigational Procedures/ Services	0742T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Experimental and Investigational	0747T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Procedures/ Services Bone and Joint	0784T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	0785T		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required  Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Heart and Blood Vessel	0795T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular)	0,331		required allough Evictore	. Aquires anough Evicore	cquirca anough Evicule	quirca unough Evicule	quirea airougii Evicule		. requires all ough Evicore	quirea unougii Evicole	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, FPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	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)
EviCore	Heart and Blood Vessel			HNY EPO)	EPO & POS)							
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0796T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0797T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular)	0801T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0802T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0803T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0823T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0825T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0861T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0862T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0863T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0865T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	0866T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	0915T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	0916T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0923T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	0933T		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Bone and Joint	23000		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	23020		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	23460		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required  Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint			.,								
(MSK) EviCore	(Orthopedics)  Bone and Joint	27280		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	29876		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	29879		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Orthopedics)	29882		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29883		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29884		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29885		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29886		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29887		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29889		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29914		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	29915		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33206		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33207		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33208		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33212		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Heart and Blood Vessel	33213		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33214		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33221		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33224		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33224		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33225		Required through EviCore		Required through EviCore	Required through EviCore					
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel				Required through EviCore			Required through EviCore				
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33228		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore		Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33229		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33230		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore	(Cardiovascular) Heart and Blood Vessel	33231		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)	(Cardiovascular)	33240		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33249		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33262		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	Heart and Blood Vessel (Cardiovascular)	33263		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)		33264	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
	Heart and Blood Vessel (Cardiovascular)	33204					1 -					
(Cardiac Impl. Devices)  EviCore (Cardiac Impl. Devices)  EviCore	(Cardiovascular) Heart and Blood Vessel	33270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices)  EviCore (Cardiac Impl. Devices)  EviCore (Cardiac Impl. Devices)  EviCore  EviCore	(Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel			Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel	33270										
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel (Cardiovascular) Heart and Blood Vessel (Cardiovascular)	33270 33274		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Pevenue		Fully Insured	Self Funded			Safaty Not	Safety Net	Safety Net	Safety Net	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO.	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
EviCore (MSK)	Bone and Joint (Orthopedics)	62326			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore (MSK)	Bone and Joint (Orthopedics)	62327			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62330			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62331			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62355			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62365			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62367			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	62368			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	Bone and Joint	64479			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore (MSK)	(Orthopedics)  Bone and Joint	64480			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore	(Orthopedics)  Bone and Joint	64483			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics) Bone and Joint	64484			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64490			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64491			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64492			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64493			Required through EviCore  Required through EviCore	Not Required  Not Required				Not Required  Not Required	Not Required	Not Required  Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64494					Required through EviCore	Required through EviCore	Not Required		Not Required  Not Required	Not Required  Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint				Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required			
(MSK) EviCore	(Orthopedics)  Bone and Joint	64495			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64510			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64520			Required through EvlCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)  Bone and Joint	64633			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore	(Orthopedics)	64634			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	Bone and Joint (Orthopedics)	64635			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Bone and Joint (Orthopedics)	64636			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Radiology (Imaging) Services	70336			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70450			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70460			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70470			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70480			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70481			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70486			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70487			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70488			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70490			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70491			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70492			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70496			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70498			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	70540			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	70542			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	70543			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging) Services	70544			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging)	70545			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	_			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70549			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	70551			Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	/0553										,	
(Radiology) EviCore	Services Radiology (Imaging)	70554			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	/0555			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)				Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	71260			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

				Commorcial								
				Fully Insured	Commercial Self Funded						Cofety Net	
is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY FOD)	(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	Health and Recovery Program	Diagnosis Requirements (If applicable)
EviCore (Radiology)	Radiology (Imaging) Services	71270		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	71275		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	71550		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging)	71551		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	71552		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	71555		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Radiology (Imaging)	72125		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72126		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72127		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72128		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72129		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72130		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72130		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72131		Required through EviCore		Required through EviCore	Required through EviCore	Required through EviCore		Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72132 72133		Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72133 72141										
(Radiology) EviCore	Services Radiology (Imaging)			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72142		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72146		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72147		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72148		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72149		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	72156		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Services	72157		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72158		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72159		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72191		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72192		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72193		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72194		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services	72195		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72196		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72197		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	72198		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73200		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73201		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73202		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73206		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73218		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73219		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73220		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73221		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73222		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73223		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73225		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73700		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	73701		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	73702		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padiology)	Services Radiology (Imaging)	73706		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Radiology (Imaging)	73718	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Services Radiology (Imaging)	73719		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73720		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73721		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73722	<del>                                     </del>	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73722		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	73725		.,		Required through EviCore				.,	Required through EviCore	
(Radiology)	Services	73725		Required through EviCore	Required through EviCore	кеquired through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	кеquired through EviCore	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY FRO.)	(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)
EviCore (Radiology)	Radiology (Imaging) Services	74150		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	74160		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	74170		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialass)	Radiology (Imaging)	74174		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	74175		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	74176		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	74177		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	74178		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74181		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74182		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74183		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	74185		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Digestive System	74261		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Digestive System	74262		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Digestive System	74263		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Digestive System	74712		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Digestive System	74713		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	(Gastroenterology) Radiology (Imaging)	75557		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75559		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75561		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75563		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75565		Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75571		Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75572		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75572		Required through EviCore	Required through EviCore	Required through EviCore		Required through EviCore	,	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75573					Required through EviCore		Required through EviCore			
(Radiology) EviCore	Services Radiology (Imaging)	75574		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75635		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	75635 76380		Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	76390										
(Radiology) EviCore	Services Radiology (Imaging)	76390		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	77021		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Cancer Treatment	77021		Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	
(Radiology) EviCore	(Oncology) Radiology (Imaging)	77022									Required through EviCore	
(Radiology) EviCore	Services	77084		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77371		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	.,	
(Radiation Therapy) EviCore	Radiation Therapy	77373 77402	-	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77412 77423	-	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy  Radiation Therapy	77423		Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore		77121		Required through EviCore	Required through EviCore		Required through EviCore		Required through EviCore		Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77425		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy  Radiation Therapy	77437		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	,			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77439	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77520	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77522	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77523	ļ	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	77525		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	77750	ļ	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Radiation Therapy	77761		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	77762		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	77763	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	77767	1	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therany)	Radiation Therapy	77768		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	(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)
EviCore (Radiation Therapy)	Radiation Therapy	77770		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	77771		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77772		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77778		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	77789		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78429		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78430		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78431		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78432		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78433		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78434		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78451		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78452		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78453		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78454		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78459		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	78466		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Services Radiology (Imaging)	78468		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Services Radiology (Imaging)	78469		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	78472		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	78473		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	78481		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Services Radiology (Imaging)	78483		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging)	78491		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Radiology (Imaging)	78492		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Padialary)	Services Radiology (Imaging)	78494		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Services Radiology (Imaging) Services	78496		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78608		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging)	78609		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78660		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78803		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78811		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78812		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78813		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78814		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78815		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78816		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	78830		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiation Therapy	79005		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	79101		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	79403		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95990		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (MSK)	Miscellaneous & Unlisted Codes	95991		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiation Therapy)	Radiation Therapy	A9513		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	A9543		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	A9590		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	A9606		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Cancer Treatment (Oncology)	A9607		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiology (Imaging) Services	A9609		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiation Therapy	C2616		Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7504		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7505		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
	Bone and Joint	C7507		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore (Padiology)	(Orthonodics)									1		
EviCore (Radiology) EviCore (Radiology)	(Orthopedics)  Bone and Joint (Orthopedics)	C7508		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or Medical?		Code	Code		not limited to: HMO, PPO, EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel	C7538			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Cardiac Impl. Devices) EviCore (Cardiac Impl. Devices)	(Cardiovascular) Heart and Blood Vessel (Cardiovascular)	C7539			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	C7540			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8900			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8901			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore	Radiology (Imaging) Services	C8902			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore (Radiology)	Radiology (Imaging) Services	C8909			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8910			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8911			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8912			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8913			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8914			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8918			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology)	Radiology (Imaging) Services	C8919			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services Radiology (Imaging)	C8920			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8931			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8932			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8933			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8934			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8935			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C8936			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	C9791			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Radiology (Imaging)	G0219			Required through EviCore	Required through EviCore	Not Required	Not Required	Required through EviCore	Required through eviCore	Not Required	Not Required	
(Radiology) EviCore	Services Radiology (Imaging)	G0235			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology) EviCore	Services Bone and Joint	G0252 G0260			Required through EviCore  Required through EviCore	Required through EviCore  Not Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore  Not Required	Required through EviCore  Not Required	Required through EviCore  Not Required	Required through EviCore  Not Required	
(MSK) EviCore	(Orthopedics)  Radiation Therapy	G0280 G0339			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore		Required through EviCore	Required through EviCore	
(MSK) EviCore	Radiation Therapy	G0339 G0340			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore  Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G0458			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G0563			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6001			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6002			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6003			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore	Radiation Therapy	G6004			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy) EviCore (Radiation Therapy)	Radiation Therapy	G6005			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6006			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6007			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6008			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6009			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6010			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6011			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6012			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6013			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy)	Radiation Therapy	G6014			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Radiation Therapy	G6015			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy	G6016			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiation Therapy) EviCore	Radiation Therapy	G6017			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiation Therapy)	Radiation Therapy  Radiology (Tmaging)	S2095			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore (Radiology) EviCore	Radiology (Imaging) Services	S8042			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
(Radiology)	Radiology (Imaging) Services Bone and Joint	S8085			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	0095T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	0098T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	0164T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0165T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK)	(Orthopedics)	0200T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure I	Revenue	Rate Code	(Commercial Products, but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	Nute coue	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO, EPO & POS)	riculaic		Child Health Plus	Essential Plan	Managed Medicald	Program	bugnoss requirements (ii approache)
EviCore/Medical	Bone and Joint	0201T			HNY EPO)  Required through EviCore		Required through EviCore	Required through EviCore	Descripted	Descript	Required	Descripted	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	02011 0219T				Required Required	Required through EviCore		Required	Required  Not Required	Not Required	Required  Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	02191 0274T			Required through EviCore	· ·		Required through EviCore	Not Required				
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	02/41 0627T			Required through EviCore	Required Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	0627T			Required through EviCore  Required through EviCore	· ·	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Not Required	Required	Not Required  Not Required	Not Required  Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint				.,	Required	.,	.,	Required	Required			
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	0629T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	0630T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20930			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20931			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	20936			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	20937			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Bone and Joint	20938			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22207			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22208			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22210			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)	22214			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	Bone and Joint (Orthopedics)	22216			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22220			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22224			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22226			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22510			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	22511			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK)	Bone and Joint (Orthopedics)	22512			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22513			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22514			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22515			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22526			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22527			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22533			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22534			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22551			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22552			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22554			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22558			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22585			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22586			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22595			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22600			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22612			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22614			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22630			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22632			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22633			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22634			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22841			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22842			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22843			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22844			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	22845			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint	22846			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint	22847			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical	(Orthopedics)  Bone and Joint (Orthopedics)	22848			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint	22853			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics)  Bone and Joint	22854			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22856			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)	22000			nequired trirough EVICORE	Required	required dirough EviCore	required trirough EVICORE	kequireu	Requireu	Required	Required	

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				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
EviCore/Medical	Bone and Joint	22857		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22858		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22859		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22860		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22861		Required through EviCore	,			Not Required	Not Required	-		
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint				Required	Required through EviCore	Required through EviCore			Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22862		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22867		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22868		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	22869		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	22870		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	23120		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
(MSK)	(Orthopedics)	23130		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23410		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23412		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23415	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23420		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23430		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23440		Required through EvlCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23450		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23455		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23462		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	23465		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23466		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23470		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23472		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	23473		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23474		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23700		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27096		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27125		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27130		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27132		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	27134		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	(Orthopedics) Bone and Joint	27137		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27138		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint	27278		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical	(Orthopedics) Bone and Joint	27279		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27332		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27332	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27333	1	Required through EviCore  Required through EviCore	Not Required  Not Required	Required through EviCore	Required through EviCore	Not Required  Not Required	Not Required  Required	Not kequired  Required	Not Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27334	1	Required through EviCore	Not Required  Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27335	-		Not Required  Not Required		Required through EviCore  Required through EviCore	Not Required  Not Required	Not Required  Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint		-	Required through EviCore		Required through EviCore				- '	Required  Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27405 27412		Required through EviCore  Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	1	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint		-		Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27415	1	Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27416	1	Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27418	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27420	ļ	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
(MSK)	(Orthopedics)	27422	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27424	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27425	1	Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27427		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27428		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27429		Required through EvlCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical	Bone and Joint	27430		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue	Rate Code	Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	Rate Coue	not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	Pieulcare	IIIIO D-SIIF	Child Health Plus	Essential Plan	Managed Medicald	Program	Diagnosis Requirements (ii applicable)
EviCore/Medical	Bone and Joint	27420			HNY EPO)	EPO & POS)							
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27438 27440			Required through EviCore  Required through EviCore	Not Required  Not Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Not Required Required	Required Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27440			Required through EviCore  Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	27441			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	27443			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint (Orthopedics)	27446			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27447			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27486			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical	Bone and Joint (Orthopedics)	27487			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27570			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29805			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29806			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29807			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29819			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29820			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29821			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29822			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29823			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29824			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29825			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	29826			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29827			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MCV)	(Orthopedics)  Bone and Joint	29828			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29860			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29861			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK)	(Orthopedics)  Bone and Joint	29862			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29863			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29866 29867			Required through EviCore	Required Required	Required through EviCore  Required through EviCore	Required through EviCore	Required Required	Required	Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Experimental and	29867			Required through EviCore	кеquirea	Required through Evicore	Required through EviCore	кеquired	Not Required	Required	Kequired	
(MSK)	Investigational Procedures/ Services	29868 s			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29870			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29871			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29873			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics)	29874			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	Bone and Joint (Orthopedics)	29875			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	Bone and Joint (Orthopedics)	29877			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK) EviCore/Medical	Bone and Joint (Orthopedics) Bone and Joint	29880			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29881			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	29888			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK)	(Orthopedics)  Bone and Joint	62263			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	62264			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	62280			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required Required	Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	62281			Required through EviCore  Required through EviCore	Not Required  Not Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required Required	Required Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62282			Required through EviCore  Required through EviCore	Not Required  Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required  Not Required	Required  Not Required	Required Required	Required Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62292			Required through EviCore  Required through EviCore	Not Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Not Required	Not Required  Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	62320			Required through EviCore  Required through EviCore	Not Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Not Required	Not Required	Not Required  Required	Not kequired  Required	
(MSK) EviCore/Medical	(Orthopedics)  Bone and Joint	62320			Required through EviCore  Required through EviCore	Not Required  Not Required	Required through EviCore  Required through EviCore	Required through EviCore	Not Required	Not kequired  Required	Required	Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62322			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical	(Orthopedics) Bone and Joint	62323			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint	62350			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical	(Orthopedics)  Bone and Joint	62351			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics)  Bone and Joint (Orthopedics)	62360			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint	62361			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) EviCore/Medical (MSK)	(Orthopedics) Nervous System (Neurology)	62362			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK)	(Neurology)					1					1	1	

British Medical  Britis	Bone and Joint (Orthopedics) Bone and Joint (Orthopedics) Bone and Joint (Orthopedics)	Procedure Code  62380  63001	Rate Code	Fully Insured  (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Self Funded (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	
BYCore/Medical Bo (MSG) C C BYCore/Medical Bo (MSG) C BYCORP/MEDICAL BYCO	Bone and Joint (Orthopedics) Bone and Joint (Orthopedics) Bone and Joint (Orthopedics)	62380		not limited to: HMO, PPO,	(Commercial Products, but							Diagnosis Requirements (if applicable)
MSSO. (C. BVCore)Medical Bo BUCore)Medical Bo DUCore)Medical Bo DUCore)Medical Bo DUCore)Medical Bo DUCOre)Medical Bo DUCOre)Medical Bo BUCOre)Medical Bo BUCOREMENTO BUCO BUCO BUCO BUCO BUCO BUCO BUCO BUC	(Orthopedics) Bone and Joint (Orthopedics) Bone and Joint (Orthopedics)				not limited to: HMO, PPO, EPO & POS)			Child Health Plus	Essential Plan	Managed Medicaid	Program	
MSSO (CE ENCOMPMENT) (CE ENCOM	Bone and Joint (Orthopedics) Bone and Joint (Orthopedics)			HNY EPO)  Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
Brúcore/Medical Bo (MSK) (C. Brúcore/Medical	Bone and Joint (Orthopedics)			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
Brittone/Medical Bo (MSSC) (C. EV/Core/Medical Bo (MSSC) (C. EV/Co		63005		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical Bo (MSSC) (C EviCore/Medical Bo (MSSC) (E E E E E E E E E E E E E E E E E E E	Bone and Joint	63012		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EVICore/Medical Bo (MSKO) (MSKO) (C EVICOre/Medical Bo (MSKO) (C EVICORE) (C EVICORE/MEDICAL BO (MSKO) (C EVICORE) (C EVICORE) (C EVICORE) (C EVICORE) (C EVICORE	(Orthopedics) Bone and Joint (Orthopedics)	63015		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EVCore/Medical Bo (MSK) (C EVCORE/MEDIcal Bo (MS	Bone and Joint (Orthopedics)	63017		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical   Boo	Bone and Joint (Orthopedics)	63030		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical   Bo	Bone and Joint (Orthopedics)	63035		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical   Bo	Bone and Joint (Orthopedics)	63040		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) (C EviCore/Medical Bo	Bone and Joint (Orthopedics)	63042		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical Bo (MSK) (C	Bone and Joint (Orthopedics)	63043		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
	Bone and Joint (Orthopedics)	63044		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) (C	Bone and Joint (Orthopedics)	63045		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C	(Orthopedics)  Bone and Joint	63047		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C	(Orthopedics) Bone and Joint	63048		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C	(Orthopedics)	63050		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) (C	(Orthopedics) Bone and Joint	63051		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
(MSK) (C EviCore/Medical Bo	(Orthopedics) Bone and Joint	63052 63053		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) (C	(Orthopedics)	63056		Required through EviCore  Required through EviCore	Required Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Required  Not Required	Required Required	Required Required	Required Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint	63057		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint	63075		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint	63076		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint	63081		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint (Orthopedics)	63082		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical Bo	Bone and Joint (Orthopedics)	63087		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical Bo	Bone and Joint (Orthopedics)	63088		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical Bo	Bone and Joint (Orthopedics)	63090		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical Bo (MSK) (C	Bone and Joint (Orthopedics)	63091		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical Bo	Bone and Joint (Orthopedics)	63102		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) (C	Bone and Joint (Orthopedics)	63103		Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
(MSK) (C	Bone and Joint (Orthopedics)	63650		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C	Bone and Joint (Orthopedics)	63655		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C	Bone and Joint (Orthopedics) Bone and Joint	63663		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) (C	(Orthopedics)	63664		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) (C	Bone and Joint (Orthopedics) Bone and Joint	63685		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) (C	(Orthopedics) Bone and Joint	64451		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
(MSK) (C EviCore/Medical Bo	(Orthopedics) Bone and Joint	64624		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) (C EviCore/Medical Bo	(Orthopedics) Bone and Joint	64625 64628		Required through EvlCore  Required through EvlCore	Required Required	Required through EviCore  Required through EviCore	Required through EviCore  Required through EviCore	Not Required  Not Required	Required  Not Required	Required  Not Required	Required  Not Required	
(MSK) (C EviCore/Medical Bo	(Orthopedics) Bone and Joint	64629		Required through EviCore	Required Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required  Not Required	Not Required  Not Required	
(MSK) (C EviCore/Medical Nei	(Orthopedics) Vervous System	64632		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
(MSK) ( EviCore/Medical Bo	(Neurology) Bone and Joint	C9757		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint (Orthopedics)	M0076		Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical Bo	(Orthopedics) Bone and Joint (Orthopedics)	S2118		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical Bo	Bone and Joint (Orthopedics)	S2348		Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
Inpatient Admissions	(Ordiopedics)	Inpatient Admissions (except routine Maternity) to										
(except routine Maternity to any facility induding hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	N/A	any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.		Required	Required	Required	Required	Required	Required	Required	Required	

				Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue Por	te Code (Commercial Products, but	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code Rat	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	medicare	HMO D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program Program	Diagnosis Requirements (π applicable)
		Acute Rehab/		HNY EPO)	EPO & POS)							
Acute Rehab/ SNF Admissions	N/A	SNF Admissions		Required	Required	Required through CareCentrix	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	0006M 0007M		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	0012M 0013M		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0015M 0016M		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required  Not Required	
Medical Medical	Transplants Laboratory	0018M 0019M		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required	Not Required  Not Required	Not Required Not Required	
Medical	Genetic Testina	0020M		Required	Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0001U 0005U		Required Required	Required Required	Not Required Required	Not Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0017U 0018U		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0026U 0027U		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0030U 0034U		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Genetic Testing	0035U 0036U		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical	Genetic Testing Genetic Testing	0037U 0045U		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0047U 0055U		Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testing	0060U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing	0070U 0071U		Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0072U 0073U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0074U 0075U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Laboratory	0076U 0080U		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testino	0087U 0088U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Reaulred	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Cancer Treatment	0089U 0090U		Required Required	Required Required	Required  Not Required	Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
Medical Medical	(Oncology) Laboratory	0090U 0092U		Not Required	Not Required	Not kequired Required	Not kequired Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
Medical Medical	Genetic Testing Genetic Testing	0101U 0102U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Transplants	0103U 0118U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	0129U		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	0130U 0133U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0134U 0136U		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0137U 0138U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0153U 0154U		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0157U 0160U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0161U 0162U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0171U 0172U		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0173U 0175U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required  Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0179U 0209U		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required  Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing Genetic Testing	0211U 0213U		Not Required Required	Not Required Required Required	Required Required Required	Required Required Required	Required Required	Required Required Required	Not Required  Not Required  Not Required	Not Required Not Required Not Required	
Medical	Genetic Testing	0214U		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0215U 0218U		Required Required	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	Not Required  Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0220U 0228U		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	0229U 0230U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0235U 0236U		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	0237U 0238U		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	0239U 0242U		Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Not Required  Not Required	Not Required  Not Required	
Medical Medical	Laboratory Genetic Testing	0243U 0244U		Required Required	Required Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
Medical	Genetic Testing Genetic Testing Genetic Testing	0245U 0247U		Required	Required	Not Required	Not Required Not Required Not Required	Not Required  Required	Not Required  Not Required  Required	Not Required  Not Required  Not Required	Not Required  Not Required  Not Required	
Medical Medical	Genetic Testing	0249U		Required Required	Required Required	Not Required Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	0250U 0251U 0252U		Required Required	Required Required	Not Required Not Required	Required Not Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required Not Required	
Medical Medical Medical	Genetic Testing Genetic Testing	0253U		Required Not Required	Required Not Required	Not Required Not Required	Not Required	Required Required	Required Required	Not Required Not Required	Not Required	
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Medical Medical Medical	Genetic Testing Laboratory	0262U 0263U		Required Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required Required	Required Required	Not Required Not Required	Not Required Not Required	
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Note   100	Diagnosis Requirements (if applicable)
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Medical	Genetic Testina Laboratory Genetic Testina Genetic Testina Laboratory Genetic Testina Laboratory Laboratory Laboratory Genetic Testina Laboratory Cenetic Testina Laboratory Genetic Testina Laboratory Laboratory Laboratory Laboratory Genetic Testina Laboratory Labo	03341 03561 03560 03590 03590 04500 05400 05400 05400 05400 05500		Required	Required	Required	Required	Recuired Not Required Recuired Recuired Recuired Not Required Not Required Not Required Not Required Not Required Required Required Required Not Required	Recurred	Not Required Mor Regulated Mor	Not Required Not Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	(Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(Commercial Products, but not limited to: HMO, PPO,	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	0221T		HNY EPO) Not Required	EPO & POS)  Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Skin (Dermatology)	02211 0232T		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0278T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Nervous System (Neurology)	0333T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0335T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and											
Medical	Investigational Procedures/ Services Blood Disorder	0339T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Hematology) Heart and Blood Vessel	0342T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and	0345T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0358T		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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	0442T		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services											
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 Medical	Diabetes (Endocrinology)	0448T 0449T		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	0449T 0474T		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not 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	0545T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0569T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	0570T		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Urinary System(Genitourinary)	0582T		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	0584T 0585T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	05851 0586T		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not 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	
Medical	Experimental and Investigational	0594T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0596T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and Investigational											
Medical	Procedures/ Services	0597T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(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	0632T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0644T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Experimental and Investigational	0645T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Heart and Blood Vessel	0646T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Experimental and Investigational	0647T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Digestive System	0651T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology) Experimental and Investigational	0652T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and					*	*					
Medical	Investigational Procedures/ Services Urinary	0653T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System/Genitourinary)	0655T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

					Commercial	Communical							
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	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)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
	Experimental and				HNY EPO)								
Medical	Investigational Procedures/ Services	0656T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services									· ·			
Medical	Eyes (Ophthalmology) Experimental and	0671T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Pieukai	Procedures/ Services	00/31			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	Procedures/ Services Experimental and												
Medical	Investigational Procedures/ Services	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Pieukai	Procedures/ Services	00001			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and												
Medical	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	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Experimental and												
Medical	Investigational Procedures/ Services	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
	Procedures/ Services Experimental and	2.071			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
Medical	Investigational	0714T			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Experimental and												
Medical	Investigational Procedures/ Services	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Alternative Medicine Cancer Treatment	0720T 0738T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	(Oncology)	0739T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)				Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0740T											
	Procedures/ Services Experimental and	0741T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging)	0743T						Required					
	Services Experimental and	0744T			Required	Required	Required		Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0745T						Required					
	Procedures/ Services Evperimental and	0746T			Required	Required	Required		Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	07401			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Digestive System	0748T					-		-				
	(Gastroenterology) Experimental and	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0750T											
Medical	Procedures/ Services Laboratory	0751T			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0752T			Not Required  Not Required  Not Required	Not Required  Not Required  Not Required	Not Required Not Required	Not Required Not Required Not Required	Required Required Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0753T 0754T			Not Required	Not Required	Not Required	Not Required	Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0755T 0756T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Laboratory	0757T 0758T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0759T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0760T 0761T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0762T 0763T			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Experimental and	0765T			not required	wor required	not required	noc resquired	recquired	required	nor negation	Not required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0766T											
	Procedures/ Services Experimental and	0767T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	2.07.			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
м	Experimental and Investigational	0770T			подаго	nequires	Not required	Not required	requieu	required	Not required	NOT NEGOTICO	
Medical	Procedures/ Services				Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Alternative Medicine Experimental and	0771T 0772T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0773T				. ,							
rieutal	Procedures/ Services	077747			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0774T											
	Procedures/ Services	1			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

					Commercial	Commorcial							
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (	Commercial Products, but	(Commercial Products, but	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)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						riogiani	
	Experimental and	0776T			HNY EPO)								
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0777T			•		-						
riculai	Procedures/ Services Bone and Joint	0778T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics)				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Experimental and Investigational	0779T											
	Procedures/ Services Digestive System	0780T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Gastroenterology)				Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Alternative Medicine Nervous System	0783T 0786T			Required	Required	Required	Required Required	Required	Required	Not Required	Not Required	
	(Neurology) Nervous System	0788T			Required	Required	Required	· ·	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	0789T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology)				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0790T											
	Procedures/ Services Heart and Blood Vessel	0793T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	0794T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)				Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0804T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0805T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0806T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Lungs (Respiratory)	0807T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Lungs (Respiratory) Experimental and	0808T 0810T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	00101			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Experimental and	0811T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0812T											
riculai	Procedures/ Services	00407			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0813T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0815T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0816T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System	0817T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Behavioral Health	0820T					•	·					
	(Psychology) Behavioral Health	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psvchology) Behavioral Health	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Psychology)				Required	Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0827T 0828T			Required Required	Required Required	Not Required Not Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0830T 0831T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0832T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0833T 0834T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0835T 0836T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0837T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0839T 0840T			Required Required Required	Required Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0841T 0842T			Required Required	Required Required	Not Required  Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0843T			Required	Required	Not Required	Not Required	Not Required Not Required	Not Required  Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0844T 0845T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0846T 0847T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory	0848T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory Laboratory	0849T 0850T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Laboratory Laboratory	0851T 0852T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	0853T 0854T			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Laboratory	0855T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory Experimental and	0856T 0858T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0860T				.,		- Agentie					
medical	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0864T											
	Procedures/ Services Urinary	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary)	0868T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	U868T				l							
	Procedures/ Services Experimental and	0869T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0870T			- conquet total		qui cu	quireu					
medical	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	0871T											
	Procedures/ Services				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

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Medical	Experimental and Investigational Procedures/ Services Experimental and	0872T 0873T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0874T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services Experimental and	0875T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes Miscellaneous & Unlisted	0876T 0881T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Experimental and	0884T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0885T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and Investigational	0886T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services Experimental and	0888T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	0897T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Cancer Treatment	0897T 0898T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	(Oncology) Nervous System	0908T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Nervous System	0911T		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Neurology) Nervous System (Neurology)	0912T		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Urinary System(Genitourinary)	0941T		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0942T		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0943T		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	0963T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Gastroenterology)	0977T 0988T		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology) Urinary	0999T		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	1000T		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	System(Genitourinary) Urinary	1001T		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary)  Reconstructive Surgery and/or Cosmetic Services	11920		Required Not Required	Required  Not Required	Required  Not Required	Required  Not Required	Not Required  Required (By Diagnosis - see last column)	Not Required  Required (By Diagnosis - see last column)	Not Required  Required  (By Diagnosis - see last column)	Not Required  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. C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50. C56.3, C76.3, C78.3, C78.1, C78.7, D50.00, D50.1, D50.2, D51.0, D51.0, D51.0, D50.0, D58.1, D50.8, D55.90, D55.91, D55.92, D54.1, D54.2, D64.9, D54.3, Z15.00, Z15.00, Z10.00, Z40.1, Z40.3, Z41.0, Z40.0, Z40.0
Medical	Reconstructive Surgery and/or Cosmetic Services	11950		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11951		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11952		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11954		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	13100		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)	Plat Resulted for all diagnosis codes EXCEFT: CS-6.1, CS-6.2, C9-6.5, C9-6.2, C9-6.2, C9-6.1, CS-0.011, CS-0.012, CS
Medical a	Reconstructive Surgery and/or Cosmetic Services	13101		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)	Pk is Required for all diagnosis codes EXCEST: CS-6.1, CS-6.2, C9-6.1, C79-6.2, C8-8.1, CS-0.0111, CS-0.112, CS-0.11
Medical	Reconstructive Surgery and/or Cosmetic Services	13102		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13120		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13121		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13122		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13131		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13132		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13133		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Reconstructive Surgery	13151		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS &	Commercial Self Funded (Commercial Products, bu not limited to: HMO, PPO, EPO & POS)	t 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	14000			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)	N is Resoluted for all dispress; noise EKCEPT, CS. 1, CS. 2, CP. 61, CP. 62, CS. 81, LCS. 0.111, CS. 0.112, CS
Medical	Reconstructive Surgery and/or Cosmetic Services	14001			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 ENCEPT: CS-1, CS-2, C79-5, C79-62, C9-81, CS-00.11, CS-0.012, CS-0.019, CS-0.011, CS-0.012, CS-0.019, CS-0.019, CS-0.011, CS-0.012, CS-0.019, CS-0.
Medical	Reconstructive Surgery and/or Cosmetic Services	14301			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)	Plus Required for all diagnosis codes EXCEPT: CS-6.1, CS-6.2, CP-8.6.1, CP-8.6.2, CR-8.1., CS-0.0.111, CS-0.0.122, CS-0.0.19, CS-0.0.112, CS-0.0.192,
Medical	Reconstructive Surgery and/or Cosmetic Services	15650			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)	Plus Required for all diagnosis codes EXCEPT: CS-6.1, CS-6.2, CP-8.6.1, CF-9.6.2, CR-8.1., CS-0.0.111, CS-0.0.12, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.112, CS-0.0.19, CS-0.0.112, CS-0.0.11
Medical	Reconstructive Surgery and/or Cosmetic Services	15738			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)	Ph & Required for all diagnosis codes EXCEPT: CS-1, CS-6, C7-9.6, C7-9.6, C9-8.1, C50.011, C0.012, C50.019, C50.111, C50.112, C50
Medical	Reconstructive Surgery and/or Cosmetic Services	15740			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)	Ph & Required for all diagnosis codes EXCEPT: CSA, 1.CSA, 2.C9.8, 1.C9.62, (C9.8.1.,C5.00.11, C0.0.12, C5.0.19, C5.0.11,
Medical	Reconstructive Surgery and/or Cosmetic Services	15769			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 & Beoginted for All Diagnosis Codes EXCEPT. C90.011, C90.012, C90.019, C90.111, C30.112, C90.119, C50.111, C50.112, C50.119, C50.114, C50.112, C50.114, C				
Medical	Reconstructive Surgery and/or Cosmetic Services	15770			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)	9 h 8 Resuired for all diagnosis codes EXCEPT: CS.1, CS.6.2, C79.6.1, C79.6.2, C79.6.1, C50.0.11, C50.0.11, C50.0.11, C50.0.11, C50.0.12, C50.0.19, C50.0.19
Medical	Reconstructive Surgery and/or Cosmetic Services	15771			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	CS0.11, CS0.12, CS0.19, CS0.211, CS0.212, CS0.219, CS0.311, CS0.312, CS0.319, CS0.411, CS0.412, CS0.419, CS0.511, CS0.512, CS0.519, CS0.511, CS0.512, CS0.519, CS0.511, CS0.512, CS0.519, CS0.510, CS0.512, CS0.51				
Medical	Reconstructive Surgery and/or Cosmetic Services	15772			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Plus Resculted for all diagnosis codes EXCEPT: CS-6.1, CS-6.2, CPS-6.1, CPS-6.2, CR-8.1., CS-0.011.1, CS-0.012.2, CS-0.019. CS-0.011.1, CS-0.012, CS-0.019. (CS-0.012.1, CS-0.012.2, CS-0.019.2, CS-0.031.1, CS-0.012.2, CS-0.019.2, CS-0				
Medical	Reconstructive Surgery and/or Cosmetic Services	15773			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: Required for All Disproise Code: EXCEPT: CS0.011, CS0.012, CS0.019, CS0.011, CS0.112, CS0.119, CS0.111, CS0.012, CS0.019, CS0.011, CS0.014, CS0				
Medical	Reconstructive Surgery and/or Cosmetic Services	15774			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph. Beauland for M Disprosis Code EXCEST. CS0.011, CS0.012, CS0.015, CS0.011, CS0.012, CS0.01				
Medical	Reconstructive Surgery and/or Cosmetic Services	15775			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15776			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15780			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15781			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15782			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15783			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15786			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15788			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15789			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15792			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15793			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

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Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Rate Code	Commercial Fully Insured  (Commercial Products, but	Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or medical?		Code	Code	not limited to: HMO, PPO, EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)			Child Realth Plus	Essential Plan	managed Medicald	Program	
Medical	Reconstructive Surgery and/or Cosmetic Services	15821		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15822		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15823		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15824		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15825		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15826		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15828		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15829		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15830		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15832		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15833		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15834		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15835		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15836		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15837		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15838		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15839		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15840		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15842		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15845		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15847		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15876		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15877		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15878		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15879		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17106		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17107		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17108		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17360		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17380		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	17999		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	19105		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19300		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19316		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 & Required for All disposits codes EXCEST. CR3.1, CS0.011, CS0.012, CS0.019, CS0.111, CS0.112, CS0.119, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.211, CS0.212, CS0.219, CS0.211, CS0.219, CS0.212, CS0.219, CS0.
Medical	Reconstructive Surgery and/or Cosmetic Services	19318		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's Regulated for All diagnosis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	19325			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 S Equited for All disprosis codes EXCEPT. C43. L (20.011, C50.012, C50.019, C50.111, C51.11, C51.112, C50.115, C50.211, C50.212, C50.212, C50.213, C50.21				
Medical	Reconstructive Surgery and/or Cosmetic Services	19328			Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All disposs codes EXCEPT: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.112, C50.114, C50.114, C50.114, C50.114, C50.114, C50.1144, C50.				
Medical	Reconstructive Surgery and/or Cosmetic Services	19330			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 & Required for All disposs codes EXCEPT: C83. (S0.011, C80.012, C8.019, C8.011, C9.112, C9.0119, C9.0112, C9
Medical	Reconstructive Surgery and/or Cosmetic Services	19340			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Ph. 8 Equited for All dispression code TACEPT, C48, 2000, US 200, 102, C50, 102, C50, 112, C50,				
Medical	Reconstructive Surgery and/or Cosmetic Services	19342			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 S Equited for All disposes codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.011, C50.112, C50.11				
Medical	Reconstructive Surgery and/or Cosmetic Services	19350			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 & Bequited for All disprosis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.112, C50.119, C50.112, C50.				
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 & Required for All disposis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.114, C50.112, C50.119, C50.112, C50.119, C50.112, C50.1
Medical	Reconstructive Surgery and/or Cosmetic Services	19357			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 & Required for All disposis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.111, C50.112, C50.119, C50.011, C50.012, C50.019, C50.011, C50.012, C50.019, C50.011, C50.012, C50.019, C50.011, C50.012, C50.019, C50.0
Medical	Reconstructive Surgery and/or Cosmetic Services	19370			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 S Equited for All disposits code: EXCEPT, C48.1, C5(0.011, C50.012, C50.019, C50.011, C50.112, C50.				
Medical	Reconstructive Surgery and/or Cosmetic Services	19371			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 & Bequired for All disposits codes EXCEPT. C481. C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.111, C50.112, C50.1				
Medical	Reconstructive Surgery and/or Cosmetic Services	19380			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 & Bequired for All disposits codes EXCEPT, C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.				
Medical	Reconstructive Surgery and/or Cosmetic Services	19499			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 & Required for all disprosis codes EXCEPT. C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.119, C50.112, C50.
Medical	Bone and Joint (Orthopedics)	20975			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology) Cancer Treatment	20982			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Oncology)	20983			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21123			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21125			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21127			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21137			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21138			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21139			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	21141			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21142			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21143			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

				Commerc	ial Commercial							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure	Revenue	Fully Insu	red Commercial Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code	not limited to: H	MO, PPO, not limited to: HMO, PPO,	t	NMU D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (ii applicable)
				HNY EPO	EPO & POS)							
Medical	Reconstructive Surgery and/or Cosmetic Services	21145		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21146		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	21147		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services Sleep Medicine	21150		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21151 21154		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Sleep Medicine	21155		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21160		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21172		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21175		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21179		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21180		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21181		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21182		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21183		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21184		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21188		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21193		Required		Required	Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	21194 21195		Not Require Required		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Sleep Medicine	21196		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine Sleep Medicine	21198 21199		Not Requir Not Reauir	ed Not Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Sleep Medicine  Reconstructive Surgery and/or Cosmetic Services	21206		Not Requir		Required Not Required	Required  Not Required	Required Required	Required  Not Required	Required Required	Required Required	
Medical	Bone and Joint (Orthopedics)	21209		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21210		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21215		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21230		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21235		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21240		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21242		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21243		Not Requir		Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	21244		Required		Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21245		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21246		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21247		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21248		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21249		Not Requir	ed Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21255		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21256		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21260		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21261		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21263		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21267		Not Requir	ed Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

					Commercial								
					Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but	(Commercial Products, but	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)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
	Reconstructive Surgery	21268			HNY EPO)	Not Required		Not Required		Not Required			
Medical	and/or Cosmetic Services	21268			Not Required	Not kequired	Not Required	Not Kequired	Required	Not kequired	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21270			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Reconstructive Surgery												
Medical	and/or Cosmetic Services	21275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21280			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Reconstructive Surgery												
Medical	and/or Cosmetic Services	21282			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Reconstructive Surgery	21296											
Medical	and/or Cosmetic Services	21296			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21299			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	21740			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Piculai	and/or Cosmetic Services	21/10			required	Required	required	Required	Not required	Not required	Not vedunen	Not required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21742			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery	21743			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services  Bone and Joint	22101				Not Required		Not Required					
	(Orthopedics)  Bone and Joint				Not Required	,	Not Required		Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	22102			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	22103			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	22110			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)	22112			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22114			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22116			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22206			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22212			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22222			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22532			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22548			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22556			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22590			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22610			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22800			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22808			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22810			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22812			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint	22818			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	22819			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22830			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	22836			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	22837			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22838			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	22840			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	22849			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	22850			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22852			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22855			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	22899			Not kequired  Required	Not Required Required	Not Required	Not Required  Not Required	Not Required  Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics) Bone and Joint	24360			Not Required	Not Required	Not Required	Not Required  Not Required	Not Required  Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
	(Orthopedics) Bone and Joint	24360			*								
Medical	(Orthopedics)  Bone and Joint				Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	(Orthopedics)  Bone and Joint	24362			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	24363			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	24366			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	(Orthopedics)	24370			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Part						Commercial	Commercial							
	Is the code BH, DME,	Catagony	Procedure	Revenue	Pata Codo	Fully Insured	Self Funded	Modienzo	UMO D. SNR	Safety Net	Safety Net	Safety Net	Safety Net	Diamagic Requirements (if applicable)
March   Marc	eviCore, or Medical?	Category	Code	Code	Rate Code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	medicare	HMU D-SNP	Child Health Plus	Essential Plan	Managed Medicaid	Program	Diagnosis Requirements (if applicable)
	Modical	Bone and Joint	24271			HNY EPO)		Not Required	Not Required	Required	Not Required	Not Required	Not Required	
March   Marc		(Orthopedics) Bone and Joint												
March   Marc		Bone and Joint												
March	Medical	Bone and Joint				Not Required	Not Required	Not Required	Not Required	Required	Not Required		Not Required	
Montanger   Mont	Medical	Bone and Joint	25444			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
	Medical	Bone and Joint	25445			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
March   Marc	Medical	(Orthopedics)	25446			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
March   Marc	Medical	(Orthopedics)	25447			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
March   Marc	Medical	(Orthopedics)	25449			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
		(Orthopedics)												
		(Orthopedics)					· ·							
March   Marc		(Orthopedics)												
		(Orthopedics)												
		(Orthopedics) Bone and Joint												
No.   March   March   1970   March		(Orthopedics) Bone and Joint												
No.     No.     No.     No.		Bone and Joint												
Note of March   100	Medical	Bone and Joint												
March   Store of Entrol   1950   March   Mar	Medical	Bone and Joint	28890			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Noted Contract Name	Medical	Bone and Joint (Orthopedics)	29800			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Noted Temperature Support State Stat	Medical	(Orthopedics)	29804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Noted Security Security (Comment Ferror Comment Fer	Medical	Throat	30117			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Hodal Security Securi	Madient	Reconstructive Surgery	20120			Net Descriped	Net Desided	Net Desided	Not Desided	Not Described	Not Described	Description	Described	
Notice Senter Service (1999)  Notice Senter Senter (1999)  Notice Senter (1999)  Notic	medical		30120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Notice Section Confection Services Notice Section	Medical		30400			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Nederland   Required	Medical	Reconstructive Surgery	30410			Required	Required	Required	Required	Not Required	Required	Required	Required	
Nederal Recommendate Support  Nedera			20420											
Notice of the controlled beginning of the controlled by the contro	Medical	and/or Cosmetic Services	30420			Required	Required	Required	Kequired	Kequired	Kequired	Kequired	Required	
Medical Reconstructive Services	Medical		30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical   Reconstructive Surger   2040   Not Required   Required   Required   Required   Not Required   Not Required	Medical	Reconstructive Surgery	30435			Required	Required	Required	Required	Not Required	Required	Required	Required	
Model   Reconstruct Service   Annual No. Required   Not Required   Not Required   Not Required   Not Required   Require														
Medical Reconstructive Services   Modical Required	Medical	and/or Cosmetic Services	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical Security Services 99-955 Net Required Net Required Not Required Not Required Not Required Requ	Medical	Reconstructive Surgery and/or Cosmetic Services	30460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Required Required Not Required Not Required Not Required Not Required Requir	Medical	Reconstructive Surgery	30462			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Stars and Note and   Throat														
Medical   Throat   30468   Required   Requ	Medical	and/or Cosmetic Services	30465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Description   Superimental and Investigation   Superimental and	Medical	Throat	30468			Required	Required	Required	Required	Not Required	Required	Required	Required	
Procedured Services  Eas and Noise and Throat (Dothmolarynology) Medical Reconstructive Surgery Medical Reconstructive Surge	Medical	Experimental and	30469			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical   Throat (Otto-Inholarymology)   Most Required   Not Required   Not Required   Not Required   Requir		Ears and Nose and												
Medical and/or Cosmetic Services  Beguired Not Required Requ	Medical	Throat (Otorhinolaryngology)	30520			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Required Motion of Continuous protection of Co	Medical		30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Contribution regions	Medical	Ears and Nose and Throat	30801			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical   Throat   30802   Required   Required   Not Required   Not Required   Require		(Otorhinolaryngology) Ears and Nose and				*		•		•				
Medical   Throat   30999   Required   Required   Not Required   Not Required	Medical	Throat (Otorhinolaryngology)	30802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Ears and Nose and Chronicolary 1 Required Required Not Re	Medical	Throat	30999			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
(Otorhinolarynoolooy)  Ears and Nise and  Medical Throat 31243 Required Required Not Required No	Medical	Ears and Nose and	31242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Throat 31243 Required Required Not		(Otorhinolaryngology) Ears and Nose and					-4.					,		
Eas and Nose and Throat 31295 Required	Medical	Throat	31243			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Medical	Ears and Nose and Throat	31295			Required	Required	Required	Required	Required	Required	Required	Required	
(Otorhinolarynoplogy)  Ears and Nose and  Medical Tryout 31296 Required Req	Madies	(Otorhinolaryngology) Ears and Nose and	21200			Described	Descripted	Described	Described	Net Desident	Dominos d	Description	Dland	
Medical         Throat         31296         Required         Required         Required         Required         Required           (Otorhinolarynology)         Ears and Nise and   <	Medical	(Otorhinolaryngology)	31296			кеquired	Kequired	кеquired	кеquired	Not Kequired	Kequired	кеquired	кеquired	
Medical Earls Stift Notes and 31297 Required Req	Medical	Throat (Otorhinolaryngology)	31297			Required	Required	Required	Required	Required	Required	Required	Required	

				Commorcial								
				Fully Insured	Commercial Self Funded						Codesta Nati	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure F	Revenue Ra	te Code (Commercial Products, b	it (Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
evicore, or riculturi		couc	Couc	not limited to: HMO, PPO EPO, POS &	not limited to: HMO, PPO, EPO & POS)			Cima riculari lus	Essential Flair	Plundged Predicate	Program	
	Ears and Nose and			HNY EPO)	EPO & POS)							
Medical	Throat (Otorhinolaryngology)	31298		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Lungs (Respiratory)	31626		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	32664		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32850		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical Medical	Transplants Transplants	32851 32852		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required  Not Required	Required Required	Required Required	
Medical	Transplants	32853		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Medical	Transplants Cancer Treatment	32854 32998		Required Required	Required Required	Not Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required  Not Required	Required  Not Required	
Medical	(Oncology) Heart and Blood Vessel	33202		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Heart and Blood Vessel											
Medical	(Cardiovascular) Heart and Blood Vessel	33203		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33254		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(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	33277		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33278		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33279		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33280		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Codes Miscellaneous & Unlisted	33280										
	Codes Heart and Blood Vessel			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	33285		Required	Required	Required	Required	Not 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	Not 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	33365		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33366		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33367		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33368		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	(Cardiovascular) Heart and Blood Vessel											
Medical	(Cardiovascular) Heart and Blood Vessel	33369		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33406		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(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 Medical	Transplants Heart and Blood Vessel	33412 33413		Not Required  Not Required	Not Required  Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required  Not Required	Required Not Required	Required Not Required	
	(Cardiovascular) Heart and Blood Vessel											
Medical	(Cardiovascular) Heart and Blood Vessel	33418		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33419		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular)	33927		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	33930 33933		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Transplants Transplants	33935 33944		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants Heart and Blood Vessel	33945		Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33975		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33976		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(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	(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	33997		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	33999		Required	Required	Required	Required	Required	Required	Required	Required	
medical	(Cardiovascular)	22449		kequirea	kequired	keyülred	keyuirea	keydire0	required	Required	Required	

					Commercial Fully Insured	Commercial Self Funded						Cofeen No.	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code (	Commercial Products, but not limited to: HMO, PPO, EPO, POS &	(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	Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34701			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34702			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Angurysms	34703			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34704			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34705			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34706			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34707			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34708			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms	34709			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34710			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34711			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34712			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34713			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34714			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34715			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34716			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34845			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Endovascular Grafts for	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Abdominal Aortic & Thoracic Aneurysms Reconstructive Surgery	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	and/or Cosmetic Services  Reconstructive Surgery	36475 36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36476			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required Required	Required Required	Required Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36479			Not Required	Not Required	Not Required  Not Required	Not Required	Not Required	Required	Required	Required Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services  Reconstructive Surgery	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	and/or Cosmetic Services Skin (Dermatology)	36522			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37241			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	37242			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: N40.1
Medical	Radiation Therapy	37243			Required	Required	Required	Required	Required	Required	Required	Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO.	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
Medical	Reconstructive Surgery and/or Cosmetic Services	37500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
	Reconstructive Surgery												
Medical	and/or Cosmetic Services	37700			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37718			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Reconstructive Surgery	37722											
Medical	and/or Cosmetic Services	3//22			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37760			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery	37761			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Ficular	and/or Cosmetic Services	37701			Hot required	Not required	Hot requires	Hochequicu	Not require	Not required	required	required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37765			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
	and/or Cosmetic Services												
Medical	Reconstructive Surgery and/or Cosmetic Services	37780			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37785			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	37788			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Transplants	37790 38204			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38205			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	38206 38207			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Transplants Transplants	38208 38209			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants	38210			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	38211 38214			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38215			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required  Not Required	
Medical	Transplants	38220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	38221 38230			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38232			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	38240 38241			Required Reauired	Required Reauired	Not Required Reauired	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical	Transplants	38242			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transplants Sleep Medicine	38243 41512			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Sleep Medicine	42145			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat	42820			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Otorhinolaryngology) Ears and Nose and												
Medical	Throat (Otorhinolaryngology)	42821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	42825			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	(Otorhinolaryngology) Ears and Nose and								-				
Medical	Throat (Otorhinolaryngology)	42826			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	42830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Pieukai	(Otorhinolaryngology) Ears and Nose and	42030			Not Required	Not Required	Not required	Not Required	Required	Not Required	Required	Required	
Medical	Throat	42831			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Otorhinolaryngology)	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat	42836			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Otorhinolaryngology) Digestive System												
Medical	(Gastroenterology)	43192			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43210	_	I	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Gastroenterology) Digestive System												
Medical	(Gastroenterology)	43257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43290			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System	43291			Required	Required	Required	Required	Required	Required	Required	Required	
	(Gastroenterology) Experimental and						· · · · · · · · · · · · · · · · · · ·						
Medical	Investigational Procedures/ Services	43497			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43644			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System	43645			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43647			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Gastroenterology) Digestive System												
Medical	(Gastroenterology)	43648			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43659			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System	43770			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Gastroenterology) Digestive System			1									
Medical	(Gastroenterology)	43771			Required	Required	Required	Required	Required	Required	Required	Required	

					Commercial	Commorcial							
					Fully Insured	Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS &	not limited to: HMO, PPO, EPO & POS)							
Medical	Digestive System	43772			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43773			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43774			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43775			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43842			· · · · · · · · · · · · · · · · · · ·	Not Required		Not Required	-		· ·		
	(Gastroenterology) Digestive System	_			Not Required		Not Required		Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43843			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology)  Digestive System	43845			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology)	43846			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology)	43847			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43848			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43860			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43865			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43881			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43882			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	43886			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43887			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43888			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Gastroenterology) Digestive System	43888			Required	Required	· · · · · · · · · · · · · · · · · · ·	Not Required  Required			Required	·	
	(Gastroenterology) Digestive System	_					Required		Required	Required		Required	
Medical Medical	(Gastroenterology) Transplants	43999 44132			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Transplants	44133 44135			Required Required	Required Required	Not Required Required	Not Required Required	Required	Required	Required	Required	
Medical	Transplants Transplants	44136			Required	Required	Not Required	Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Digestive System (Gastroenterology)	44705			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	46707			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	46999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System	47000			Required (By Diagnosis - see last	Required (By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is <b>Required</b> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40,
ricular	(Gastroenterology)	17000			column)  Required	column)  Required	not required	Not required	Not required	Not required	Not required	Not required	Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89, E66.9
Medical	Digestive System (Gastroenterology)	47001			(By Diagnosis - see last	(By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89,E66.9
	Digestive System				column) Required	column) Required							PA is <b>Required</b> for the following diagnosis codes: F66.01, F66.2, 768.35, 768.36, 768.37, 768.38, 768.39, 768.40.
Medical	(Gastroenterology)	47100			(By Diagnosis - see last column)	(By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is <u>Required</u> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, E66.0, E66.09, E66.3, E66.811, E66.812, E66.813, E66.89, E66.9
Medical Medical Medical	Transplants Transplants	47133 47135 47140			Not Required Required	Not Required Required	Not Required Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	47140 47141			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants Cancer Treatment	47142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(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	Required (By Diagnosis - see last	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	PA is Required for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37, Z68.38, Z68.39, Z68.40, Z68.41, Z68.42, Z68.43, Z68.44, Z68.45, Z66.45, Z66.31, Z66.81, Z66.8
Medical	Cancer Treatment	47380			column) Required	column) Required	Not Required	Not Required	Required	Not Required	Required	column) Required	200.12, 200.12, 200.13, 200.13, 200.03, 200.03, 200.022, 200.022, 200.023, 200.03
	(Oncology) Cancer Treatment					-4							
Medical	(Oncology) Cancer Treatment	47381			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	(Oncology) Cancer Treatment	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) Digestive System	47383			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(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 Medical	Transplants Transplants	48160 48550			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transplants Transplants	48551 48552			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Transplants	48554			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Transplants Transplants	48556 50300			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	50320 50325			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Transplants Transplants	50328 50329			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	50340 50360			Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Transplants	50365			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Transplants Transplants	50370 50380			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical	Experimental and Investigational	50542			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Procedures/ Services 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	50593			Required	Required	Required	Required	Not Required	Not Required	Required	Not Required	
	(Oncoloav)	1					* *	1 ***	1	2000 20			1

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured  (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	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	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	System(Genitourinary) Urinary	52597			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	System(Genitourinary) Urinary				-,	-,							
Medical	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 Medical	Erectile Dysfunction Erectile Dysfunction				Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54230			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54235			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction				Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54400			Not Required Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54405			Not Required	Not Required	Not Required Not Required	Not Required	Not Required	Not Required Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction				Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction				Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Erectile Dysfunction	54415			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	54417			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Transplants Erectile Dvsfunction	54680 55870			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Cancer Treatment	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Oncology) Urinary	55877			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
	System(Genitourinary) Urinary	55880							Not Required				
Medical Medical	System(Genitourinary) Gender Affirmation	55970			Required Required	Required Required	Required Required	Required Required	Not Required  Not Required	Required Required	Not Required  Not Required	Not Required Not Required	
Medical	Gender Affirmation				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	Gender Affirmation	56805			Required	Required	Required	Required	Required	Required	Required	Required	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9,
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)	C3.0, C3.1, C3.3, C3.3, C4.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C55.9, C7.00, C57.02, 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, C77.2, C77.5, C79.60, C79.82, C76.61, C79.82, C79.83, C79.82, C79.2, C77.2, C77.5, C79.60, C79.82, C79.2, C79.3, C79.82, C79.2, C79.82, C79.2, C79.82, C79.2, C79.82, C79.82, C79.2, C79.82,
Medical	Women's Health (Obstetrics & Gynecology)	58152			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 i) (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA & Required for All disposes code EXCEPT: C45 9, C51.6, C51.1, C51.2, C55.3, C79.8, C51.8, C51.9, C51.0, C51.0, C51.2, C53.2,
Medical	Women's Health (Obstetrics & Gynecology)	58180			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 <u>EXCEPT</u> : C45.9, C5.10, C5.1.1, C51.2, C56.3, C79.53, C51.8, C51.9, C53.0, C53.1, C53.9, C53.0, C57.0, C57.00, C57.00, C57.00, C57.00, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58.0, C57.00, C57.00
Medical	Women's Health (Obstetrics & Gynecology)	58260			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, C5.10, C5.1.1, C5.1.2, C5.6.2, C9.6.3, C5.1.8, C5.1.9, C5.30, C5.3.1, C5.3.2, C5.4.3, C5.4.9, C5.4.9, C5.4.9, C5.6.2, C5.6.2, C5.6.2, C5.6.3, C5.6.2, C5.6.3, C5
Medical	Women's Health (Obstetrics & Gynecology)	58262			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. C53.0, C53.0, C53.0, C53.0, C53.0, C53.0, C53.0, C53.0, C53.0, C57.10, C57.10, C57.12, C57.20, C57.21, C57.22, C57.30, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58.0, C59.82, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.1, D07.2, D07.30, D07.3, 2, T59.8, C59.4, Z59.4,
Medical	Women's Health (Obstetrics & Gynecology)	58263			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)	Ph is Required for All diagnosis codes EXCEST : C45.9, C51.0, C51.1, C51.2, C55.2, C76.3, C51.8, C51. C50.0, C51.1, C51.2, C55.2, C76.3, C51.8, C51. C50.0, C51.1, C51.2, C52.0, C51.1, C51.2, C52.0, C57.2, C57.2, C57.2, C57.2, C57.3, C57.2, C57.3, C57.2,
Medical	Women's Health (Obstetrics & Gynecology)	58270			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 code <u>EXCEPT</u> : C459, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51. C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C64.8, C64.9, C55., C56.1, C56.2, C56.9, C57.00, 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, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.8, C79.80, C80.0, C80.1, D66.0, D66.1, D66.7, D66.1, D67.1, D67.2, D67.3, D67.2, D67.3, D67.3, 259.2, C59.4, 25544, 25600.0
Medical	Women's Health (Obstetrics & Gynecology)	58280			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 i) (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C459, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51. 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, C57.02, 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, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.69, C79.9, 08.00, 080.1, 080.0, 086.1, 066.7, 066.7 D07.1, D07.2, D07.30, D07.39, Z1505, Z8944, Z5944, Z89600.
Medical	Women's Health (Obstetrics & Gynecology)	58285			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 Eligipois code SICEPT: 163-5, 510, 62-13,
Medical	Women's Health (Obstetrics & Gynecology)	58290			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 code EXCET: C45.5, C51.0, C51.1, C51.2, C55.3, C79.53, C51.8, C51. C53.0, C53.1, C53.8, C53.5, C54.0, C54.1, C54.2, C54.3, C54.9, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.02, C57.10, C57.11, C57.12, C57.2, C57.2, C57.2, C57.3, C57.4, C57.7, C57.8, C57.9, C58.0, C52.2, C77.2, C77.2, C77.9, C57.0, C57.2, C77.2, C77.9, C57.2, C77.2, C77.
Medical	Women's Health (Obstetrics & Gynecology)	58291			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 code <u>EXCEPT</u> : C459, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51. 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, C57.02, 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, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.8, C79.80, C80.0, C80.1, D60.0, D65.1, D65.7, D65.1, D67.1, D67.2, D67.2, D67.2, D67.3, D67.3, Z54.9, Z560.0, C67.2, C77.5, C79.60, C79.2, C77.5, C79.60, C79.2, C79.3, D75.2, D67.3, D75.2, D67.4, D67.2, D67.2, D67.2, D67.2, D67.2, D67.2, D67.3, D67.2, Z54.9, Z560.0, D67.1, D67.2, D67
Medical	Women's Health (Obstetrics & Gynecology)	58292			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, C51.6, C51.1 C53.0, C53.1, C53.6, C53.5, C54.0, C54.1, C54.2, C54.3, C54.9, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.0, C57.10, C57.11, C57.2, C57

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Women's Health (Obstetrics & Gynecology)	58294			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 & 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, C53.0, C53.				
Medical	Women's Health (Obstetrics & Gynecology)	58541			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: Q45.9, C51.0, C51.1, C51.2, C56.3, C79.5, C51.8, C51.9, C52.0, C53.0, C33.0, C33.0, C33.0, C33.0, C34.0, C41.0, C42.0, C43.0, C44.0, C49.0, C56.0, C57.0, C57.				
Medical	Women's Health (Obstetrics & Gynecology)	58542			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 <u>EXEFF</u> : 95.9, GS.10, GS.11, GS.12, GS.3, C79.53, GS.18, GS.19, GS.20, GS.30, GS.31, GS.38, GS.39, GS.40, GS.41, GS.42, GS.43, GS.48, GS.49, GS. GS.61, GS.20,				
Medical	Women's Health (Obstetrics & Gynecology)	58543			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 & Required for All disprosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C55.3, C75.8, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.2, C53.2				
Medical	Women's Health (Obstetrics & Gynecology)	58544			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 & Beguired for Al diagnosis codes <u>EXCEPT</u> : (9.5, 9.51.0, C.S.1., C.S.1., C.S.1., C.S.3., C
Medical	Women's Health (Obstetrics & Gynecology)	58550			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 & Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C53.2, C53.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.1, C53.1, C53.1, C53.1, C53.0, C53.0
Medical	Women's Health (Obstetrics & Gynecology)	58552			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	C33, C33, C33, C33, C33, C40, C54, C54, C54, C54, C54, C54, C55, C56, C56, C56, C56, C50, C57, C57, C57, C57, C57, C57, C57, C57				
Medical	Women's Health (Obstetrics & Gynecology)	58553			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 & Required for Nd disprosis COLE (2012) 17(1) 23, CLS10, CLS10
Medical	Women's Health (Obstetrics & Gynecology)	58554			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	C53, (C53, C53, C53, C53, C54, C54, C54, C54, C54, C54, C54, C54				
Medical	Women's Health (Obstetrics & Gynecology)	58570			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 & Bequited for All disposits codes EXCEST: C45.9, C51.0, C51.1, C51.2, C55.3, C76.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C53.0, C53.1, C53.2, C53.9, C53.0, C53.0				
Medical	Women's Health (Obstetrics & Gynecology)	58571			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	As Regulard for All disposits codes <u>EXCEPT</u> : 05.9, GS.10, GS.11, GS.12, GS.3, CF.9.5, GS.18, GS.19, GS.20, GS.30, GS.31, GS.38, GS.39, GS.40, GS.42, GS.43, GS.48, GS.49, GS.5, GS.61, GS.20, GS.700, GS.701,				
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)	PA & Required for Al diagnosis codes EXCEDT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.5, C51.8, C51.9, C52.0, C53.0, C53.1, C53.2,				
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)	PA & Bequited for All disposits codes EXCEST: C45, 9, G11, 0, G11, G12, G53, 2795, G51, 8, G519, G520, G530, G531, G538, G539, G50, G61, G52, G549, G5700, G5701, G5702, G5702, G5710, G5711, G5712, G5720, G5721, G5722, G573, G574, G577, G578, G59, G5700, G5701, G5702,				
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 &	58752			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Gynecology) 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	61635			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Neurology) Experimental and Investigational Procedures/ Services	61736			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services Nervous System	61737			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Neurology) Nervous System	61850			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Neurology) Nervous System	61860			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(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	61886			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	(Neurology) Nervous System	61888			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Neurology) Bone and Joint	62369			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	62370			Not Required  Not Required	Not Required  Not Required	Not Required	Not Required		Not Required	Required	Not Required  Not Required	
riedical	(Orthopedics)	023/U	l	l	NOT Kedniled	NOT KEGUILEG	Not kequired	пос кедигеа	Required	NUL KEQUIFED	keyuire0	NOT KEGUILEG	<u> </u>

					Commercial Fully Insured	Commercial							
Is the code BH, DME,	Category	Procedure	Revenue p	Rate Code	(Commercial Products but	Self Funded	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	note code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Ficulture	inio 5 siii	Child Health Plus	Essential Plan	Managed Medicald	Program	bugnoss requirements (it approache)
Medical	Bone and Joint	63003			HNY EPO) Required	EPO & POS)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	63011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required Required	
Medical	(Orthopedics)  Bone and Joint	63016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Orthopedics)  Bone and Joint	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	(Orthopedics)  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	(Orthopedics)	63086			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics) Bone and Joint	63101			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63170			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63172			Not Required  Not Required	Not Required  Not Required	Not Required	Not Required  Not Required	Required	Required	Required	Required	
Medical Medical	(Orthopedics)  Bone and Joint	63173			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	(Orthopedics)  Bone and Joint	63190			Not Required	Not Required  Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63191			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63197			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint (Orthopedics)	63200			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Toint	63250			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  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) Bone and Joint	63273			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63275			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63276			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63278			Not Required  Not Required	Not Required	Not Required  Not Required	Not Required	Required Required	Not Required	Required	Required Required	
Medical Medical	(Orthopedics) Bone and Joint	63280 63281			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required	Not Required  Not Required	Required Required	Required	
Medical	(Orthopedics) Bone and Joint	63282			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63283			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics) Bone and Joint	63285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Orthopedics)  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) Bone and Joint	63304			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63305			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Orthopedics)  Bone and Joint	63306			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	(Orthopedics)  Bone and Joint	63307			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	(Orthopedics)  Bone and Joint	63308 63661			Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Required  Not Required	Required Required	Required  Not Required	Required  Not Required	
	(Orthopedics)  Bone and Joint	64450			Required	Required							PA is Denuired for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.20, M17.21, M17.22
Medical	(Orthopedics)	44.77			(By Diagnosis - see last column)	(By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is Reguired 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	

				Commercial	Commercial							
Is the code BH, DME,	C-1	Procedure	Revenue Rate Code	Fully Insured	Self Funded	Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	Category	Code	Code Rate Code	not limited to: HMO, PPO, EPO, POS &	(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	Program	Diagnosis Requirements (if applicable)
Medical	Nervous System	64561		HNY EPO)	EPO & POS)			Not Required	Required	Required		
Medical	(Neurology) Durable Medical	64561		Required Required	Required  Required	Required  Not Required	Required  Not Required	Not Required  Required	Required Required	Required Required	Required Required	
Medical	Equipment Nervous System	64568		Required	Required	Not Required  Required	Not Required  Required	Not Required	Not Required	Required	Required	
Medical	(Neurology) Nervous System	64580		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	(Neurology) Nervous System	64581		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	(Neurology) Sleep Medicine	64582		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	64583 64584		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required 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 <u>Required</u> 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	G40.001, G40.009, G40.01, G40.011, G40.019, G40.15, G40.011, G40.019, G40.0
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	66179 66180		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Eyes (Ophthalmology)			Required	Required	Required	Required	Not 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	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67911		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67914		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67915		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67916		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67917		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67921		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67922		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67923		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67924		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67938		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67950		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services Ears and Nose and	67999		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Throat (Otorhinolaryngology)	68841		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

				Commercial Fully Insured	Commercial Self Funded							
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rate Code	(Commercial Products, but	Self Funded (Commercial Products, but	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)
,				EPO, POS & HNY EPO)	not limited to: HMO, PPO, EPO & POS)						Program	
Medical	Reconstructive Surgery and/or Cosmetic Services	69300		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69705		Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat	69706		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69714		Required								
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69716		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69717		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69719		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69729		Required								
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69730		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69799		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Ears and Nose and Throat	69930		Not Required	Required	Required	Required					
Medical	(Otorhinolaryngology)  Radiation Therapy	75894		Required (By Diagnosis - see last	Required (By Diagnosis - see last	Not Required	PA is <b>Required</b> for the following diagnosis codes: I86.2, N94.89, R10.2					
Medical	Radiology (Imaging)	76497		column)  Not Required	column)  Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	PA is Required for the following diagnosis codes: 106.2, N94.09, K10.2
Medical	Services Radiology (Imaging) Services	77086		Not Required	Required							
Medical Medical	Genetic Testing	81120 81121		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81162		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	81163 81164		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81165 81166		Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testina	81167		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81171 81172		Required Required	Required Required	Not Required Not Required						
Medical Medical	Genetic Testing Genetic Testing	81175 81177		Required Required	Required	Required Required	Required Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical												
medical	Genetic Testing	81178		Required	Required Required	Required	Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	
Medical	Genetic Testing	81179		Required	Required	Required	Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81179 81180		Required Required	Required Required	Required Required Required	Required Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required	
Medical Medical Medical Medical	Genetic Testing Genetic Testing Genetic Testing Genetic Testing	81179 81180 81181 81182		Required Required Required Required	Required Required Required Required	Required Required Required Required	Required Required Required Required	Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required	Not Required  Not Required  Not Required  Not Required  Not Required	Not Required  Not Required  Not Required  Not Required  Not Required	
Medical Medical Medical Medical Medical Medical Medical	Genetic Testing	81179 81180 81181 81182 81183 81184		Required Required Required Required Required Required	Required Required Required Required Required Required Required	Required Required Required Required Required Required	Required Required Required Required Required Required Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical Medical Medical Medical	Genetic Testing Genetic Testing Genetic Testing Genetic Testing Genetic Testing Genetic Testing	81179 81180 81181 81182 81183		Required Required Required Required Required	Required Required Required Required Required	Required Required Required Required Required	Required Required Required Required Required Required	Not Required Not Required Not Required Not Required Not Required Not Required	Not Required Not Required Not Required Not Required Not Required	Not Required  Not Required  Not Required  Not Required  Not Required  Not Required	Not Required	
Medical	Genetic Testing	81179 81180 81181 81182 81183 81184 81185 81186 81187		Required	Required	Required	Required	Not Required Required Required	Not Required	Not Required  Required  Required	Not Required  Required  Not Required	
Medical	Genetic Testing	81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81190		Required	Required	Required Required Required Required Required Required Required Required Not Required Required Required Required Required Required Required Required Required	Required Required Required Required Required Required Required Required Not Required Required Required Required Required Required Required	Not Required Required Required Not Required	Not Required	Not Required Required Not Required Not Required Not Required Not Required	Not Required Required Not Required Not Required Not Required Not Required	
Medical	Genetic Testing	81179 81180 81181 81182 81183 81184 81185 81186 81187 81187 81189		Required	Required	Required	Required Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81190 81191 81192 81192		Required	Required	Required Required Required Required Required Required Required Required Not Required Required Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required Not Required	Required Not Renained Not Required Not Required	Mot Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81190 81191 81191		Required	Required Not Required	Required Required Required Required Required Required Not Required Required Required Required Required Required Required Required Required Not Required Not Required Not Required Not Required	Required Required Required Required Required Required Required Required Not Required Required Required Required Required Required Required Required Not Required Not Required Not Required	Mot Required  Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testina Genetic Testina	81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81189 81191 81191 81192 81193 81194 81200		Required	Required	Required Not Required Not Required Not Required Not Required Required Required Required Required	Required	Not Required	Not Required Not Not Not Not Not Not Not Not Not Not	Not Required	Not Required	
Medical	Genetic Testina Genetic Testina	81179 81180 81181 81182 81183 81184 81185 81185 81186 81187 81190 81191 81192 81193 81194 81194 81200 81201		Required	Required	Required	Required Not Required	Not. Required	Not. Required Not. Not. Not. Not. Not. Not. Not. Not.	Not Required	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81181 81182 81183 81184 81185 81186 81187 81190 81191 81192 81193 81194 81200 81201 81202 81203		Required	Required	Required Not Required Required Required Not Required Not Required Not Required Not Required Not Required Not Required	Required Not Required Required Required Required Not Required	Not. Required Not. Required Not. Required Not. Required Not. Rectained Not. Rectained Not. Rectained Not. Rectained Not. Rectained Not. Required	Not. Required No	Not Required Required Required	Not Required	
Medical	Genetic Testina	81179 81180 81181 81182 81183 81184 81185 81186 81187 81188 81199 81191 81192 81193 81194 81200 81200 81202 81204 81205		Required	Required	Required Not Required	Required Not Required	Not Required	Not. Required Not. Not. Not. Not. Not. Not. Not. Not.	Not Required	Not Required	
Medical	Genetic Testina	81179 81180 81181 81182 81182 81183 81184 81185 81186 81186 81186 81191 81191 81192 81201 81202 81203 81204 81205 81205 81208		Required	Required	Required Req	Required Req	Not. Required	Not. Required	Not Required Required Required Required Required Required Required Required Not Required Required Required Not Required Required Required Not Required Required Required Not Required Required Not Required Not Required Required Required Not Required Required Not Required	Not Required Required Required Required Required Required Required Required Required Not Required	
Medical	Genetic Testina	81179 81180 81181 81182 81182 81183 81184 81185 81186 81186 81186 81191 81192 81193 81194 81192 81202 81203 81204 81205 81208 81208 81208 81208 81208 81208		Required	Required	Required Not Required Not Required Not Required Required Not Required Not Required Required Required Not Required	Required Not Required Required Not Required Required Not Required	Not. Required	Not. Required	Not Required	Not Required	
Medical	Genetic Testina	81179 81180 81181 81182 81183 81184 81185 81187 81187 81190 81191 81191 81191 81192 81193 81193 81194 81200 81202 81203 81204 81205 81208 81208 81208 81208 81208 81208 81208		Required	Required	Required Not Required Required Required Required Required Required Required Required Not Required Required Required Required	Required Mot Required Not Required	Not Required	Not. Required No	Not Required	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81181 81182 81183 81184 81185 81186 81186 81187 81188 81190 81191 81192 81193 81193 81194 81200 81200 81200 81200 81200 81200 81200 81201 81202 81204 81209 81209 81209 81209 81212 81212 81212 81212 81212 81212		Required	Required	Required Not Required Required Required Required Required Required Required Required Required Not Required Required Not Required Required Not Required	Required	Not. Required Required	Not. Required	Not Required Required Required	Not Required	
Medical	Genetic Testina	81179 81180 81181 81181 81182 81183 81184 81185 81186 81187 81188 81190 81191 81192 81193 81194 81190 81200 81201 81201 81202 81203 81201 81202 81203 81204 81205 81208 81209 81209 81209 81208 81209 81209 81209 81209 81209 81209 81209 81209 81209 81209 81209 81208 81209 81208 81209 81208 81209 81209 81209 81209 81209 81212		Required Req	Required Req	Required	Required	Not. Required	Not. Required	Not Required Required Required Not Required	Not Required Required Required Required Not Required Not Required Required Not Required Not Required Required Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81181 81182 81183 81184 81185 81186 81186 81186 81187 81191 81191 81191 81192 81193 81194 81200 81201 81202 81203 81204 81204 81208		Required	Required	Required	Required	Not. Required	Not. Required No	Not Required Required Required Required Required Required Required Not Required Required Not Required Required Required Not Required Required Not Required Required Not Required	Not Required Required Required Required Required Required Required Required Not Required Required Required Not Required Required Required Not Required Required Not Required	
Medical	Genetic Testina	81179 81180 81181 81181 81182 81183 81184 81185 81186 81186 81187 81188 81190 81191 81192 81193 81194 81192 81193 81194 81192 81193 81193 81193 81194 81192 81193 81193 81193 81193 81193 81194 81192 81193		Required	Required	Required Not Required	Required Not Required Not Required	Not. Required	Not. Required Required Not. Re	Not Required Required Not Required	Not Required Required Required Not Required	
Medical	Genetic Testina	81179 81180 81181 81181 81182 81183 81185 81185 81185 81186 81187 81188 81190 81191 81191 81192 81193 81191 81192 81193 81191 81192 81193 81191 81192 81193 81193 81193 81194 81195 81195 81195 81195 81196 81197 81197 81198 81199		Required	Required	Required Not Required Required Not Required Required Required Required Required Required Required Required Not Required Not Required Required Required Required Not Required Required Required Required Not Required Required Not Required	Required	Not. Required	Not. Required	Not Required Required Required	Not Required	
Medical	Genetic Testina	81179 81180 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81191		Required	Required	Required	Required Not Required Not Required Not Required Not Required Required Not Required Required Not Required Required Required Not Required	Not. Required	Not. Required No	Not Required	Not Required Required Not Required Require	
Medical	Genetic Testina Genetic Testin	81179 81180 81181 8181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 8		Required	Required	Required Req	Required	Not. Required	Not. Required No	Not Required	Not Required	
Medical	Genetic Testina	81179 81180 81180 81181 8181 818181 818181 818181 818181 818181 818181 818181 818181 8181		Required	Required	Required Not Required Not Required Requ	Required Req	Not. Required No	Not. Required	Not Required	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81180 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81192 81190		Required	Required	Required Req	Required Req	Not. Required No	Not. Required No	Not Required Not Required Required Required Required Required Required Not Required Not Required Not Required Not Required Required Required Not Require	Not Required Required Required Required Required Required Required Required Not Required Not Required Required Not Required Not Required Not Required Not Required Not Required	
Medical Medica	Genetic Testina Genetic Testin	81179 81180 81180 81181		Beautred Required	Required	Required Req	Required Req	Not. Required No	Not. Required	Not Required Not R	Not Required	
Medical Medica	Genetic Testina Genetic Testin	81179 81180 81181 81181 81181 81181 81181 81182 81183 81184 81185 81186 81186 81187 81188 81188 81189 81192 81193 81193 81193 81194 81193 81194		Required	Required	Required Req	Required Req	Not. Required No	Not. Required No	Not Required Not R	Not Required	
Medical	Genetic Testina	81179 81180 81180 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81192 81193 81190 81190 81190 81190 81190 81190 81190 81190 81190 81190 81190 81190 81200		Required	Required	Required Req	Required Req	Not. Required No	Not. Required	Not Required Not R	Not Required	
Medical Medica	Genetic Testina Genetic Testin	81179 81180 81180 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81191 81192 81193		Required	Required	Required Req	Required Req	Not. Required	Not. Required No	Not Required	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81180 81181 81181 81181 81182 81183 81184 81185 81186 81186 81187 81187 81188 81188 81189 8189 81189 81189 81189 81189 81189 81189 81189 81189 81189 81189 8		Required	Required	Required Not Required Not Required Not Required Not Required	Required Req	Not. Required No	Not. Required No	Not Required Not R	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81180 81181 81181 81181 81181 81181 81181 81181 81182 81182 81182 81182 81181 81190 81181 81191 81192 81192 81192 81192 81192 81192 81193		Required	Required	Required Req	Required Req	Not. Required No	Not. Required No	Not Required Not R	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81181 81181 81181 81181 81181 81181 81181 81181 81186 81181 8181 8181 818181 818181 8181 818181 818181 818181 818181 818181 81		Required	Required	Required Req	Required Req	Not. Required No	Not. Required No	Not Required Not R	Not Required	
Medical	Genetic Testina Genetic Testin	81179 81180 81181		Required	Required	Required Req	Required Req	Not. Required No	Not. Required	Not Required Not R	Not Required	
Medical Medica	Genetic Testina Genetic Testin	81179 81180 81180 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81181 81191 81192 81193		Required	Required	Required Req	Required Req	Not. Required No	Not. Required No	Not Required Not R	Not Required	

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To the code PH DME		Brocoduro	Royenus	Fully Insured	Self Funded			Cafety Net	Safatu Not	Cafety Net	Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Code	Code	Rate Code (Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Genetic Testina Genetic Testing	81265 81266		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	81267 81268		Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	81269		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testina	81272 81273		Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81275 81276		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81277 81284		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81285		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81286 81287		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81288 81289		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81290 81292		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing	81293 81294		Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing Genetic Testing	81295		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81296 81297		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical	Genetic Testina	81298		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testina	81299 81300		Required Required	Required Reauired	Required Required	Required Required	Not Required Not Required	Not Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81301 81302		Required Required	Required Reauired	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testina	81303 81304	-	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Required	
Medical	Genetic Testing	81305		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Genetic Testing	81306 81307		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81308 81309		Required Required	Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81310 81311		Not Required Required	Not Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81312		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81313 81314		Required Not Required	Required Not Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Laboratory Genetic Testing	81315 81317		Not Required Required	Not Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81318		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81319 81320		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81321 81322		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81323		Required Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testing	81324 81325		Required	Required Required	Not Required Required	Not Required Required	Not Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Genetic Testina Digestive System	81326 81327		Required Not Required	Required Not Required	Required Not Required	Required  Not Required	Required Not Required	Required Required	Required Not Required	Required  Not Required	
Medical	(Gastroenterology) Genetic Testing	81330		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81331 81332		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81335 81336		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required Required	Not Required Required	
Medical	Genetic Testing	81337		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81349 81351		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Not Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81352 81353		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81400		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical Medical	Laboratory Genetic Testing	81401 81402		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testina Genetic Testina	81403 81404		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Laboratory Genetic Testing	81405 81406		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testina	81407		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing Genetic Testing	81408 81410		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81411 81412	l	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81413 81414		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required  Not Required	
Medical	Genetic Testing	81415		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81416 81417		Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	81418 81419		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81422 81425		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81426		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81427 81432		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81434 81435		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina Genetic Testina	81439 81440		Required Required	Required Required	Not Required Not Required	Not Required  Not Required	Not Required Required	Not Required  Not Required	Not Required  Not Required	Not Required Not Required	
Medical	Genetic Testina	81441		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testina	81442 81443		Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81445 81448		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing	81449		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testina Genetic Testing	81450 81451		Required Required	Required Required	Required Not Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81455 81456	<u> </u>	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81457 81458		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81459		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81460 81462		Required Required	Required Required	Not Required Required	Not Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	81463 81464		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	81465	L	Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

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Is the code BH, DME,		Procedure	Pavanua	Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code Ra	ate Code (Commercial Products, bu not limited to: HMO, PPO	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Genetic Testina Genetic Testina	81470 81471		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Laboratory	81479 81490		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
	Experimental and											
Medical	Investigational Procedures/ Services	81506		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	81518 81519		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testina Genetic Testing	81520 81521		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testina	81522		Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testina	81523 81529		Required Reauired	Required Required	Required Required	Required Required	Required Not Required	Required Required	Required Not Required	Required Not Required	
Medical Medical Medical	Genetic Testing Laboratory	81535 81536		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Laboratory	81538 81539		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81540 81541		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Required	Not Required	Not Required Not Required	
Medical	Genetic Testing	81542		Required	Required	Not Required	Required	Required	Required Required	Not Required Not Required	Not Required	
Medical Medical	Genetic Testing Genetic Testing	81546 81551		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testing Genetic Testing	81552 81554		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Laboratory Genetic Testing	81595 81599		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testing	84433		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory Laboratory	86152 86153		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Laboratory Laboratory	88120 88121		Required Not Required	Required Not Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Genetic Testina Genetic Testing	88240 88261		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Genetic Testina	88263 88264		Required Required	Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Genetic Testing Genetic Testing	88267		Required	Required Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	88271 88275		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Laboratory Women's Health	88361		Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	(Obstetrics & Gynecology) Women's Health	89251		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	(Obstetrics & Gynecology) Genetic Testina	89253 89290		Required Required	Required Required	Not Required  Not Required	Not Required  Not Required	Not Required  Required	Required Required	Not Required  Not Required	Not Required  Not Required	
Medical	Genetic Testing	89291		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	91110		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91111		Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91113		Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	92145		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical Medical	Eyes (Ophthalmology) Eves (Ophthalmology)	92310 92311		Not Required Not Required	Not Required Not Required	Not Required Not Reauired	Not Required Not Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Eyes (Ophthalmology) Therapy and	92313 92507		Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required  Not Required	Not Required Required	Required Required	Required Required	
	Rehabilitation Therapy and	92508			· · · · · · · · · · · · · · · · · · ·			·		Required		
Medical	Rehabilitation Nervous System			Required	Required	Not Required	Not Required	Not Required	Required		Required	
Medical	(Neurology)	92517		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92518		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92519		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	92526		Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	92549		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	92972		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Procedures/ Services Heart and Blood Vessel											
Medical	(Cardiovascular)	93025		Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	93150		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93151		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93153		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93264		Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93452		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Heart and Blood Vessel	93454		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular) Heart and Blood Vessel	93458		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	(Cardiovascular) Heart and Blood Vessel	93459										
Medical	(Cardiovascular) Heart and Blood Vessel			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	(Cardiovascular)	93462		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93702		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Erectile Dysfunction Erectile Dysfunction	93980 93981		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	95782 95783		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Sleep Medicine Sleep Medicine	95803 95805		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Sleep Medicine	95807		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Sleep Medicine Sleep Medicine	95808 95810		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical	Sleep Medicine	95811		Required	Required	Not Required	Not Required	Required	Required	Required	Required	<u> </u>

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Is the code BH, DME,	4.	Procedure	Revenue		Fully Insured	Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
Medical	Nervous System (Neurology)	95939			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96116			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96121			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96132			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96133			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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 Medical	Skin (Dermatology) Skin (Dermatology)	96573 96574			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	97605 97606			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	97607 97608			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not 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	
Medical Medical	Hospice Services Hospice Services	99377 99378			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	A0080			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical Medical	Transportation Transportation	A0090 A0140			Not Required Not Required	Not Required Not Required	Not Required Required	Required Required	Required Required	Not Required Required	Required Required	Required Required	
Medical Medical Medical	Transportation Transportation	A0180 A0190			Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Transportation	A0210			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2001 A2002			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2004 A2005			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2007 A2008			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	A2009			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)				Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2012 A2013			Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	A2014			Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	A2016			Required Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2017 A2018			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2019			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required  Not Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2027			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2028 A2029			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology) Skin (Dermatology)	A2030			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)				Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2033 A2034			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2035 A2036			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	A2037			Required Required	Required Required	Not Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Not Required	
Medical Medical	Skin (Dermatology)				Required Required	Required Required	Not Required  Not Required	Not Required Not Required	Not 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	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A6512			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unliste Codes	d A9156			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational	A9268			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
- icuitai	Procedures/ Services Experimental and	7,7200			required	recycli Cu	noc nequired	- Nedallea		not required		Not nequired	
Medical	Investigational	A9269			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Procedures/ Services Eyes (Ophthalmology)				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	Not Required	Not Required	
Medical Medical	Food (Nutrition) Food (Nutrition)	B4105 B9999			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical	Nervous System	E9999 C1767			Required Required	Required Required	Not Required	Not Required	Not Required Required	Required	Not Required  Not Required	Not Required  Not Required	
Medical	(Neurology) Eves (Ophthalmology)	C1783			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Erectile Dysfunction Nervous System	C1813		-	Not Required  Required	Not Required  Required	Not Required  Not Required	Not Required  Not Required	Not Required  Required	Not Required  Required	Required  Not Required	Required  Not Required	
	(Neurology)  Bone and Joint												
Medical	(Orthopedics)	C1821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Neurology)	C1822			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electric	al C1825			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
	Shock Units Bone and Joint				*	·	*						
Medical	(Orthopedics) Experimental and	C1827			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Investigational Procedures/ Services	C1832			Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint	C2614			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
- icultai	(Orthopedics)	C2017			requires	required	recipill CU		not required	reac recyumen	- Not required	not required	

March   Marc						Commercial	Commercial							
March   Marc	Is the code BH, DME,	Catagony	Procedure	Revenue	Pata Codo	Fully Insured	Self Funded	Modienzo	UMO D. CND	Safety Net	Safety Net	Safety Net	Safety Net	Diagnosis Requirements (if analisable)
March   Color   Colo	eviCore, or Medical?	category	Code	Code	Kate Code	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	Medicare	IIIIO D-SILF	Child Health Plus	Essential Plan	Managed Medicald	Program	viognosis requirements (ii applicable)
March   Marc						HNY EPO)								
	Medical	System(Genitourinary)	C2618			(By Diagnosis - see last	(By Diagnosis - see last	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is <b>Required</b> for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
March   Marc	Medical		C2624					Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March   Marc		Erectile Dysfunction												
	Medical	Skin (Dermatology)	C5277			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
March   Marc	Medical	Skin (Dermatology) Skin (Dermatology)	C9356			Not Required	Not Required	Not Required	Not Required	Required Required	Not Required	Required	Required Required	
March   Performance   Color	Medical Medical	Skin (Dermatology) Sleep Medicine	C9363 C9727			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
March   Specified   Specifie		Miscellaneous & Unlisted							Not Required				Required	
Proc.   Proc	Medical	Digestive System	C9784			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March   March   March   Morph   March   Morph   March   Marc	Medical	Digestive System	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	
Part	Medical	(Gastroenterology)				Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
March   Marc	Medical	System(Genitourinary)	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
March   Marc		Sleep Medicine												
Table   Tabl		Sleep Medicine	E0601			Not Required	Not Required	Not Required	Not Required	Not Required		Required		
No.   Control	Medical	Equipment	E0769			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March   Marc	Medical	Durable Medical	E1399			Required	Required	Required	Required	Required	Required	Required	Required	
March   Marc	Medical	Durable Medical	E3000			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
March   Marc		Hospice Services												
		(Neurology)								·		i i		
March   Marc		(Orthopedics)	_											
Mode   Septem Name (College   Septem	Medical	Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
March   1977 CAR   1976   1925   19	Medical	Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Product   Prod	Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
	Medical	Transplants				Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Mode		Transplants	G0342 G0343				Required	Not Required						
Model	Medical	Rehabilitation	G0422			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Model	Medical	Therapy and Rehabilitation	G0423			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Model   State   Section	Medical	Bone and Joint (Orthonedics)	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Proceedings   Company		Sleep Medicine												
No.		(Gastroenterology)												
Process   Proc	Medical	Skin (Dermatology)	G0465			Required	Required	Required	Required	Required	Required	Required	Required	
Hodge I ereck behalve 1249   Net Regard   Ne	Medical	Erectile Dysfunction	30270			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Post	Medical Medical	Erectile Dysfunction Erectile Dysfunction	32440			Not Required Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required Required	Required	
Procedure   Transport   1775   Not Request	Medical	Erectile Dysfunction Experimental and	32760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Model   Down and John Confessional   7320   Not Required   Requi	Medical	Investigational	J3570			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Product   Throat	Medical	Bone and Joint	37330			Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Durable Hedical Regulared		Ears and Nose and												
Medical   Margament   Milital   Required   Not Required   Not Required   Not Required   Not Required   Not Required   Not Required	Medical	(Otorhinolaryngology)	J7402			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Mode   Controlled   Controlle	Medical		K0898		7	Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Modical Controposition   1,120   Required	Medical	Durable Medical	K0899			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Modical   Brown and Joint   Life   Required   Require	Medical	Bone and Joint	L1320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical   Dirable Medical   Eaglement   Not Required   Not Requi	Medical	Bone and Joint	L1499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Durshe Medical Epigement L3549 Not Required Not Required Not Required Not Required Not Required Not Required Required Required Required Required Not Required Not Required Not Required		Bone and Joint												
Medical Durable Medical Lispine Not Required Not Required		Durable Medical				-,							· · · · · · · · · · · · · · · · · · ·	
Medical Durable Medical Countries   Not Required Re		Durable Medical						,					110,011	
Medical Durable Medical Control Product (2015)  Medical Durable Medical (2015)  Medical Sufficient (2015)  Medical Sufficient (2015)  Medical Durable Medical (2015)  Medical Sufficient (2015)  Medical Durable Medical (2015)  Medical Sufficient		Equipment						,						
Medical   Durable Medical		Equipment	20000											
Medical   Durable Medical   Durable Medical   Engineer   Medical   Durable Medical   Engineer   Engineer   Medical   Engineer   Engineer   Medical   Engineer   Engineer   Engineer   Medical   Engineer   Engi		Equipment												
Medical   Eoujament LEMPS   Medjured Medjured Medjured Medjured Medical System/Gentaurinary   L6503   Required Required Not Required Not Required Not Required Not Required Required Required Not Required Not Required Not Required Not Required Required Required Not Re	Medical	Equipment	L7259			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical Urinary   L8603   Required Required   Require	Medical	Equipment	L8499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Sufficient Surface   Section (Entertainary)   L8504   Required   Required   Required   Not Required   Not Required   Requi	Medical	Urinary System(Genitourinary)	L8603			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical   Urinary   L8605   Required   Required   Not Required   Not Required   Requir	Medical	Urinary	L8604			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical Sufficient Continuery   L8666   Required Required Required Required Not Required Not Required Not Required Requ	Medical	Urinary	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Systems cention may 1  Medical Fee Contribution 1, 18612 Required Required Not Required Not Required Required Required Required Required Required Required Required Not Requir	Medical	Urinary	L8606			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Procedures Services  Medical Bioloci Disorder (Hematology) M0300 Required Required Not Required	Medical	Eves (Onhthalmology)	L8612			Required						Required		
Procedured Services  Medical Blood Disorder (Hematobory) M0000 Required Required Not Required No	Medical	Experimental and Investigational	M0075			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Netacal (Hematology) PMUSUU Required Nectures Not Required Not Require	M. T. I	Procedures/ Services Blood Disorder				Para 1	Dani' I	Net De 11	N-t D- 1 1	New D	Des 1 1	New Process	New Dock	
Medical Sin (Dermatology) Q2025 Not Required Not Not Not Not Not No	Medical	(Hematology)									Required			
Procursi Swill Commissionary) CATALL INDICEMENT INDICEMENT OF REQUIRED INDICEMENT INDICE	Medical	Skin (Dermatology)	Q2026			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Skin (Dermatology) Q4104   Required Required Not Required Not Required Not Required Not Required Requ	Medical	Skin (Dermatology)	Q4104			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

				Commercial	Commercial							
Is the code BH, DME,		Procedure	Pavanua	Fully Insured	Commercial Self Funded			Safaty Nat	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code Rate	not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
				EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4105 Q4106		Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology)	04107		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4108 O4110		Required Required	Required Required	Required Reauired	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4111 O4112		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4113 O4114		Required Required	Required Required	Required Required	Required Required	Not Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	Q4115		Required	Required	Required	Required	Required	Not Required	Required Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4116 Q4117		Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4118 Q4121		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4122 Q4123		Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology)	Q4124		Required Required	Required Required	Required Required	Required Required	Required Not Required	Not Required	Required Required	Required Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4125 Q4126		Required	Required	Required	Required	Required	Not Required Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4127 Q4128		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4130 Q4132		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4133 Q4134		Not Required Required	Not Required	Required Required	Required Required	Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	04135		Required	Required Reauired	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4136 O4137		Required Required	Required Required	Required Reauired	Required Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4138 O4139		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4140		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4142		Required	Required	Not Required	Not Required  Not Required  Not Required	Not Required Not Required Not Required	Not Required  Not Required  Not Required	Required	Required	
Medical Medical	Skin (Dermatology)	Q4145		Required Required	Required Required	Not Required Not Required	Not Required	Required	Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4146 Q4147		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4148 Q4149		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	Q4150		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4151 Q4152		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4153 Q4154		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4155 Q4156		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4157		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4158 O4159		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4160 O4161		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4162 Q4163		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4164		Required Required	Required Required	Required Not Required	Required Not Required	Not Required  Not Required	Not Required  Not Required	Not Required  Required	Not Required  Required	
Medical	Skin (Dermatology)	Q4166		Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4169		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4170 Q4171		Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Required	Not Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4175		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4176 Q4177 Q4178		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4178 Q4179		Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4180 Q4181		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4182 Q4183		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not kequired	Not Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)	Q4184		Required	Required	Required	Required	Not Required	Not Required	Not Required Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4185 O4186		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4188 O4189		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4190		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required  Not Required	Not Required  Not Required	
Medical	Skin (Dermatology)	Q4192		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4194		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4197		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4199 Q4200		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4201		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4212 Q4217		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4224 Q4225		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4229 Q4230		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4232		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4234		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4235 O4236		Required Required	Required Required	Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4239		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4242 Q4245		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	04246		Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	
Medical	Skin (Dermatology)			Required	Required	Required	Required	Not Required	Not Required  Not Required	Not Required	Not Required	
-	· ·			·	·		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

				Commercial	Communication							
				Fully Insured	Commercial Self Funded						Safety Net	
Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code Rat	te Code (Commercial Products, but	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery	Diagnosis Requirements (if applicable)
,				EPO, POS &	not limited to: HMO, PPO, EPO & POS)						Program	
Medical	Skin (Dermatology)	O4249		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4250 O4251		Required Reaulred	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4252		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4254		Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	Required Not Required	Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4255 Q4256		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4257 Q4258		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4259 Q4260		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4261		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4262 Q4263		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4264 Q4265		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Not Required	Required Not Required	
Medical	Skin (Dermatology)	Q4266		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4267 Q4268		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4269 Q4270		Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4271		Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	04272 Q4273		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4274 Q4275		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	04276		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4278 O4279		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4280 Q4281		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4282		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4283 Q4284		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required  Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4285 Q4286		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4287		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4288 Q4289		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4290 Q4291		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4292		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4293 Q4294		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4295 Q4296		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4297		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4298 Q4299		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4300 Q4301		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	O4302		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4303 O4304		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4305 O4306		Required Reauired	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4307		Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required	Not Required	Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4312 Q4313		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4314		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4316		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4317 Q4318		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4319		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4320 Q4321		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4322 Q4323		Required Reauired	Required Reauired	Required Reaulred	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4324		Required Required	Required	Required Required	Required Required	Not Required  Not Required	Not Required Not Required	Not Required  Not Required	Not Required  Not Required	
Medical	Skin (Dermatology)	O4325 Q4326		Required	Required Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4327 Q4331		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4332 O4334		Required Required	Required Required	Required Not Required	Required Not Required	Not Required Required	Not Required Required	Not Required Required	Not Required Required	
Medical	Skin (Dermatology)	04335		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4336 Q4337		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4338 Q4339		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology)	Q4340		Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4341 Q4342		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4343 Q4344		Required Required	Required Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Required Required	Required Required	
Medical	Skin (Dermatology)	04345		Required	Required	Not Required	Not Required	Required	Required Net Provided	Required	Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4346 Q4347		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4348 O4349		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4350		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4351 O4352		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4355		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4356 Q4357		Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	O4360		Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	

					Commercial	Commercial							
Is the code BH, DME,		Procedure	Revenue		Fully Insured	Commercial Self Funded			Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	
eviCore, or Medical?	Category	Code	Code	Rate Code	(Commercial Products, but not limited to: HMO, PPO,	(Commercial Products, but	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Health and Recovery Program	Diagnosis Requirements (if applicable)
					EPO, POS & HNY EPO)	EPO & POS)							
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4363 Q4364			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	04365			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	04367			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4368 O4369			Required Reauired	Required Reauired	Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4370 Q4371			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4372			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4373 Q4375			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4376 Q4377			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4378 Q4379			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4380 Q4382			Required Required	Required Required	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	Q4383			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4384 Q4385			Required Required Required	Required Required Required	Not Required Not Required Not Required	Not Required Not Required	Not Required Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4386 Q4387			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	O4388 Q4389			Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology)	O4390			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)				Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology) Skin (Dermatology)	Q4393 O4394		$\vdash$	Required Required	Required Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical	Skin (Dermatology) Skin (Dermatology)				Required	Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	
Medical Medical	Skin (Dermatology)	Q4397			Required Required	Required Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical Medical	Hospice Services Hospice Services	Q5006 Q5009			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Not Required Required	Not Required Required	
Medical Medical	Hospice Services Transportation	Q5010 R0076			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Transportation Transportation	S0207 S0208			Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Hospice Services	S0255			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical Medical	Hospice Services Eyes (Ophthalmology)	S0271 S0596			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required Not Required	Required Required	Required Required	
Medical	Ears and Nose and Throat	S1091			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	(Otorhinolaryngology) Transplants	S2053			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2054			Required	Required	Not Required	Required	Required	Required	Required	Required	
Medical Medical	Transplants Transplants	S2060 S2061			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Transplants Transplants	S2065 S2102			Required Not Required	Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Required Not Required	Required Required	Required Required	
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2140			Not Required	Not Required	Not Required	Not Required	Required	Not Required Not Required	Not Required	Not Required	
Medical Medical	Transplants Transplants	S2142 S2150			Not Required Required	Not Required Required	Not Required Not Required	Not Required Not Required	Required Not Required	Not Required	Not Required Not Required	Not Required Not Required	
Medical	Transplants Reconstructive Surgery	S2152			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	and/or Cosmetic Services	S2202			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat	S2235			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
	(Otorhinolaryngology) Bone and Joint												
Medical	(Orthopedics)	S2300			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	S3841 S3844			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	S3846 S3849			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical Medical	Genetic Testing Genetic Testing	S3850 S3852			Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	Required Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical Medical	Genetic Testing Genetic Testing	S3854 S3861			Not Required Required	Not Required Required	Not Required Required	Not Required Required	Required Required	Required Required	Not Required Required	Not Required Required	
Medical Medical	Genetic Testing Genetic Testing	S3865 S3866			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Required 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	S5130	<u> </u>		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	S5165			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	S5199	<del>                                     </del>		Not Required	Not Required	Not Required	Required	Required	Not Required	(Ages 22 & older) Required	Required	
	Infusion Nursing Visits Radiology (Imaging)		-										
Medical	Services Heart and Blood Vessel	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	(Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical Medical	Skin (Dermatoloov) Home Care & Home	S9055 S9097			Required  Not Required	Required Not Required	Not Required  Not Required	Not Required Not Required	Required Not Required	Required  Not Required	Not Required  Not Required	Not Required  Not Required	
	Infusion Nursing Visits Home Care & Home										Not Required		
Medical	Infusion Nursing Visits Home Care & Home	S9122	-		Not Required	Not Required	Not Required	Not Required	Not Required	Required		Not Required	
Medical	Infusion Nursing Visits Home Care & Home	S9123			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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	S9127	780		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Infusion Nursing Visits Home Care & Home	S9127	789		Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
medical	Infusion Nursing Visits	29171	/09		NOL Required	not required	Not kequired	Not Required	Not kequired	Required	ivot kequired	not kequired	

					Commercial								
					Fully Insured	Commercial Self Funded							
Is the code BH, DME,	Category	Procedure	Revenue Code	Rate Code	(Commercial Products, but		Medicare	HMO D-SNP	Safety Net	Safety Net	Safety Net	Safety Net Health and Recovery	Diagnosis Requirements (if applicable)
eviCore, or Medical?	cutegory	Code	Code	nuce coue	not limited to: HMO, PPO,	(Commercial Products, but not limited to: HMO, PPO,	riculaire	mile b sim	Child Health Plus	Essential Plan	Managed Medicald	Program	biognosis requirements (ii appreciate)
					EPO, POS & HNY FPO)	EPO & POS)							
Medical	Therapy and	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Rehabilitation Therapy and												
Medical	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	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Rehabilitation Therapy and	00100	700										
Medical	Rehabilitation	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9131			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Therapy and	59152			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Rehabilitation Transportation	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	Infusion Nursing Visits Home Care & Home										,		
Medical	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	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
	Infusion Nursing Visits Home Care & Home		-										
Medical	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	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
	Infusion Nursing Visits Home Care & Home	T1020											
Medical	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	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Infusion Nursing Visits Home Care & Home	T1031			Net Described	Net Described	Net Described		Daniel de la constant	Descional	Description	Beerland	
Medical	Infusion Nursing Visits Durable Medical				Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Equipment Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical Medical	Transportation Transportation	T2001 T2004			Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Transportation	T2004			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	T2007			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Durable Medical	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
	Equipment										Required	Required	
Medical	Home Care & Home	T2038									(Only for Moving	(Only required for Moving	
Medical	Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Assistance/Community transition, for HCBS or CFCO	Assistance/Community	
	Home Care & Home										program) Required	transition, for CFCO 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	
Medical Medical	Hospice Services Hospice Services	T2043 T2044			Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Hospice Services	T2044			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 Medical	Eyes (Ophthalmology) Eyes (Ophthalmology)	V2299 V2399	-	_	Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical	Eyes (Ophthalmology)	V2399 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	Eves (Ophthalmology) Therapy and	V2799	-		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	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	V5364			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Rehabilitation 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 Medical	Hospice Services Hospice Services	NONE	0655 0656		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required Required	Required Required	
Medical Medical	Hospice Services Hospice Services	NONE	0657		Not Required Not Required	Not Required Not Required	Not Required Not Required	Not Required Not Required	Required Required	Not Required Not Required	Required 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	
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