Excellus

An independent licensee of the Blue Cross Blue Shield Association

October 1, 2026

UTILIZATION MANAGEMENT STANDARD
CLINICAL REVIEW PREAUTHORIZATION LIST

The following services may require preauthorization for the following lines of business:
Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.
Please review the column that applies to the member's specific line of business.

Code Changes Are Highlighted In Grey

IMPORTANT
This list represents those services that require preauthorization with a clinical medical necessity review.
Certain services require preauthorization or notification without requiring clinical review.
It is NOT inclusive of all insurance products and procedures requiring preauthorization.
Please verify specific coverage requirements before rendering service.

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

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

The Category column identifies the medical category associated with a specific procedure code. By using either, the category listed on the PDF or the procedure code itself, users can navigate to the Corporate Medical Policy page: https://provider.excellusbcbs.com/policies/medical **to view all applicable medical policies within that category or related to the selected code.**
Please note that the medical necessity criteria applied during the review process are dependent on the member's plan and may not be outlined in a Corporate Medical Policy.
In some cases, criteria may instead be derived from InterQual®, eMedNY, or CMS guidelines.

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

EviCore:
Phone Requests: Phone: 1-888-333-9036, Monday through Friday from 7:00 a.m. – 7:00 p.m.
Internet Request: https://provider.excellusbcbs.com/authorizations/medical/evicore-healthcare
Fax Requests: Fax: 1-888-785-2487. Forms to fax preauthorization requests will be made available at www.eviCore.com

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

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 (Psychology)	90868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH/Medical	Behavioral Health (Psychology)	90869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
BH	Behavioral Health (Psychology)	0820T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0821T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0822T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0889T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0890T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0891T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	0892T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	90899	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96130	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	None		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0780		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0789		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	96131	0918		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H0004	0911		Not Required	Not Required	Not Required	Notification Required	Not Required	Not Required	Notification Required	Not Required	
BH	Behavioral Health (Psychology)	H0035	None		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0900		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0912		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0035	0913		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	H0036	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H0036	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H0036	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	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)	
BH	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)	

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	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 (Psychology)	H2012	None		Required	Required	Not Required	Required	Not Required	Required	Not Required	Not Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0900		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
BH Continuing Day Treatment	Behavioral Health (Psychology)	H2012	0907		Required	Required	Not Required	Required	Not Required	Required	Not Required	Not Required	
BH Intensive Psychiatric Rehabilitation Treatment (IPRT)	Behavioral Health (Psychology)	H2012	0911		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
BH	Behavioral Health (Psychology)	H2012	0919		Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
BH	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)	
BH	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)	
BH	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)	
BH	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 intial service period.	Not Required	
BH	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 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	
BH	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	
BH	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 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	
BH	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 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	
BH	Behavioral Health (Psychology)	H2014HAUKUN	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 intial service period.	Not Required	
BH	Behavioral Health (Psychology)	H2014HAUKUN	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 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	
BH	Behavioral Health (Psychology)	H2014HAUKUP	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	
BH	Behavioral Health (Psychology)	H2014HAUKUP	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	
BH	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 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	
BH	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 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	
BH	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	
BH	Behavioral Health (Psychology)	H2015HAUN	0911	8010	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	H2015HAUP	0900	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	H2015HAUP	0911	8011	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	H2017	None		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	

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	Behavioral Health (Psychology)	H2017	0900		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H2017	0911		Not Required	Not Required	Not Required	Notification Required only for CORE (Community Oriented Recovery Empowerment) (for HARP members only)	Not Required	Not Required	Notification Required only for Children and Family Treatment and Support Services (CFTSS)	Notification Required only for CORE (Community Oriented Recovery Empowerment)	
BH	Behavioral Health (Psychology)	H2023	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	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	
BH	Behavioral Health (Psychology)	H2023	0911		Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
BH	Behavioral Health (Psychology)	H2023HA	0900	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	H2023HA	0911	8015	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	H2034	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	None		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	0902		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	H2036	1002		Notification Required	Notification Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S0201	None		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	S5150			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
BH	Behavioral Health (Psychology)	S5150HA	0900	8023	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HA	0911	8023	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAHKHQ	0900	8026	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAHKHQ	0911	8026	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAHQ	0900	8027	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAHQ	0911	8027	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAET	0900	8028	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAET	0911	8028	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAUN		8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5150HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S5150HR			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)	S5151			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
BH	Behavioral Health (Psychology)	S5151HA	0900	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	

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	Behavioral Health (Psychology)	S5151HA	0911	8024	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAHK	0900	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAHK	0911	8025	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAET	0900	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAET	0911	8029	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAETHK	0900	8030	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAETHK	0911	8030	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAUN		8066	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAUN	0900	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HAUN	0911	8065	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	S5151HB			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	None		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH (Excludes Chemical Dependency Diagnosis)	Behavioral Health (Psychology)	S9480	0905		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)	T2013			Not Required	Not Required	Not Required	Required (only if the member is also a member of HARP)	Not Required	Not Required	Not Required	Required	
BH	Behavioral Health (Psychology)	T2015	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Required	
BH	Behavioral Health (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	
BH	Behavioral Health (Psychology)	T2015HA	0900	8006	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	T2015HA	0911	8006	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	T2015HAUN	0900	8007	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	T2015HAUN	0911	8007	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	T2015HAUP	0900	8008	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Behavioral Health (Psychology)	T2015HAUP	0911	8008	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the 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	
BH	Therapy and Rehabilitation	T2017			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
BH	Therapy and Rehabilitation	T2019	None		Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not 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 & 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	Therapy and Rehabilitation	T2020HA	0240	7933	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	Therapy and Rehabilitation	T2020HAUN	0240	7934	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	Therapy and Rehabilitation	T2020HAUP	0240	7935	Not Required	Not Required	Not Required	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	Notification Required only for the initial service period of 60 days/96 units/24 hours; Prior Authorization Required for Concurrent Review beyond the initial service period.	Not Required	
BH	Miscellaneous & Unlisted Codes	T2034HE		4625	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Miscellaneous & Unlisted Codes	T2034ET		4626	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Notification Required	Notification Required	
BH	Behavioral Health (Psychology)		0124		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)		0126		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)		0128		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)		1002		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
BH	Behavioral Health (Psychology)		1001		**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	Not Required	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	**PLEASE READ IN FULL** (If a service is Rendered in NYS, Notification is Required. If out of NYS, Authorization is Required)	
DME	Digestive System (Gastroenterology)	A4239			Not Required	Not Required	Required	Required	Not Required	Not 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	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4540			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			Not Required	Not Required	Not Required	Not Required	Required	Not 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	
DME	Durable Medical Equipment	A6503			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Skin (Dermatoloov)	A9272			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9278			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	A9280			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	A9281			Required	Not 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	Durable Medical Equipment	E0193			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0194			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0215			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0217			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0240			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0245			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0255			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0260			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0261			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0266			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0274			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0277			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0290			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0291			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0294			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0295			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0296			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0297			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0301			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0302			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0303			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0304			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0316			Required	Required	Required	Required	Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	E0328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0371			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0372			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0445			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0446			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0466			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0467			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0468			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0472			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Lungs (Respiratory)	E0481			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Lungs (Respiratory)	E0482			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Lungs (Respiratory)	E0483			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Sleep Medicine	E0485			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Lungs (Respiratory)	E0486			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0491			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0492			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Sleep Medicine	E0493			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0500			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Heart and Blood Vessel (Cardiovascular)	E0616			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0619			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Home Care & Home Infusion Nursing Visits	E0625			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Home Care & Home Infusion Nursing Visits	E0627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Home Care & Home Infusion Nursing Visits	E0630			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0637			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0638			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0641			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0642			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0650			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0651			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0652			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0655			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0656			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0658			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0659			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0660			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E0666			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0667			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0669			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0670			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0671			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0673			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0675			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0676			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0677			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0678			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0679			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0680			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0681			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0682			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0691			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0692			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0693			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0694			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Urinary System(Genitourinary)	E0715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0721			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0734			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Nervous System (Neurology)	E0735			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0738			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0739			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0747			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0748			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0749			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E0760			Required	Required	Required	Required	Required	Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	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	Required	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	Durable Medical Equipment	E0791			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0856			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0912			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0935			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0936			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0941			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0945			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1002			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1003			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1004			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical 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	E1007			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1008			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1009			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 Equipment	E1023			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1031			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1036			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1038			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1039			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1050			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1060			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1070			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1086			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1087			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1088			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1089			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical 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 Equipment	E1171			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1172			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1195			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1220			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1221			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1222			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1223			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical 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	
DME	Durable Medical Equipment	E1230			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1231			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1232			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	E1233			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1234			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E1235			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical 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 Equipment	E1280			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1285			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1290			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1295			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1298			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E1301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (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 (Orthopedics)	E1830			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	E1840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1902			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E1905			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2000			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E2102			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	E2103			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2204			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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 Equipment	E2311			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2312			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2321			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2322			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2325			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2327			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2328			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical 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	
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	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	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 Equipment	E2397			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Skin (Dermatology)	E2402			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	E2500			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2502			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2504			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2506			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2508			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2510			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2511			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2512			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2599			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	E2609			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2616			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2617			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2621			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2626			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2627			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E2628			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E2629			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8000			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8001			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	E8002			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0002			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0005			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0006			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0007			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0008			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0009			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0010			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0011			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0012			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0013			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0014			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	K0108			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Heart and Blood Vessel (Cardiovascular)	K0606			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0739			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0800			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0801			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0802			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0806			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0807			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0808			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0812			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0813			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0814			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0815			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0816			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0820			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0821			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0822			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0823			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0824			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0825			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0826			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0827			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0828			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0829			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0830			Required	Required	Required	Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	K0831			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0835			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0836			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0837			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0838			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0839			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0840			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0841			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0842			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0843			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0848			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0849			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0850			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0851			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0852			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0853			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0854			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0855			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0856			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	K0857			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0858			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0859			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0860			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0861			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0862			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0863			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0864			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0868			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0869			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0870			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0871			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0877			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0878			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0879			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0880			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0884			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	K0885			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0886			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0890			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K0891			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	K1035			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1036			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	K1037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L0720			Required	Required	Required	Required	Not 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)	L1007			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1300			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L1844			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L1846			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1933			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L1950			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L1952			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L2034			Not Required	Not Required	Not Required	Not Required	Not 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 Equipment	L5050			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L5657			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L5827			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5828			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5856			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5857			Required	Required	Required	Required	Not Required	Required	Required	Required	
DME	Durable Medical Equipment	L5858			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNY EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
DME	Durable Medical Equipment	L5859			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L5969			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L5973			Required	Not Required	Required	Required	Required	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	L5990			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L6026			Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6034			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6035			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L6039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6621			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L6700			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6880			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L6882			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6925			Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	L6930			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Miscellaneous & Unlisted Codes	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Urinary System(Genitourinary)	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Not Required	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
DME	Bone and Joint (Orthopedics)	L8692			Required	Required	Required	Required	Required	Not Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1030			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Childrens Health (Pediatric)	S1040			Required	Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
DME	Durable Medical Equipment	S5160			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	S5161			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	T4521			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4522			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4523			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4524			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4525			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4526			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4527			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4528			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4530			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4533			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4534			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4535			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4537			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4541			Required	Required	Not Required	Not Required	Not Required	Not 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	V5140			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	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)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	

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)
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	0612T			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)	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	
EviCore (Radiology)	Radiology (Imaging) Services	0633T			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	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	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 (Radiology)	Miscellaneous & Unlisted Codes	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	
EviCore (Radiation Therapy)	Miscellaneous & Unlisted Codes	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 (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (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	
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 (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 (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 (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
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 (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33225			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)	33227			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)	33228			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)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (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	
EviCore (Cardiac Impl. Devices)	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)	Heart and Blood Vessel (Cardiovascular)	33264			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)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	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	
EviCore (Cardiac Impl. Devices)	Heart and Blood Vessel (Cardiovascular)	33289			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)	64654			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	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	70471			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	

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)
EviCore (Radiology)	Radiology (Imaging) Services	70482			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) Services	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)	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)	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	70546			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	70547			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	70548			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	70552			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	70553			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	70555			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	71250			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	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	
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) Services	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 (Radiology)	Radiology (Imaging) Services	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)	Radiology (Imaging) Services	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)	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	72131			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	72132			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	72141			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) 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	
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	

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)
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) Services	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 (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	73718			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	73723			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	73725			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	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) Services	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 (Radiology)	Radiology (Imaging) Services	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)	Radiology (Imaging) Services	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)	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)	Radiology (Imaging) Services	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)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Digestive System (Gastroenterology)	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	
EviCore (Radiology)	Digestive System (Gastroenterology)	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	
EviCore (Radiology)	Digestive System (Gastroenterology)	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	75573			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	75577			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	75580			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	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	76391			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	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	
EviCore (Radiology)	Cancer Treatment (Oncology)	77022			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	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	Radiation Therapy	77372			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	77373			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	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	
EviCore (Radiation Therapy)	Radiation Therapy	77412			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	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	
EviCore (Radiation Therapy)	Radiation Therapy	77424			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	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	
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	
EviCore (Radiation Therapy)	Radiation Therapy	77438			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	77439			Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	Required through EviCore	

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)
EviCore (Radiation Therapy)	Radiation Therapy	77520			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	77522			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	77523			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	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	
EviCore (Radiation Therapy)	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	
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	
EviCore (Radiation Therapy)	Radiation Therapy	77763			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	77767			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	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	
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	
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	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) Services	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 (Radiology)	Radiology (Imaging) Services	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 (Radiology)	Radiology (Imaging) Services	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 (Radiology)	Radiology (Imaging) Services	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 (Radiology)	Radiology (Imaging) Services	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 (Radiology)	Radiology (Imaging) Services	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 (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) Services	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	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)	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	
EviCore (Radiology)	Bone and Joint (Orthopedics)	C7507			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)	C7508			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)	C7537			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)	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	
EviCore (Cardiac Impl. Devices)	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)	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	
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	

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)
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)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	G0219			Required through EviCore	Required through EviCore	Not Required	Not Required	Required through EviCore	Required through eviCore	Not Required	Not Required	
EviCore (Radiology)	Radiology (Imaging) Services	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	
EviCore (Radiology)	Radiology (Imaging) Services	G0252			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	G0339			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	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	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	
EviCore (Radiation Therapy)	Radiation Therapy	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)	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	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0095T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0098T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0164T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0165T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0200T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0201T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (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/Medical (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/Medical (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/Medical (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/Medical (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/Medical (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/Medical (MSK)	Bone and Joint (Orthopedics)	0219T			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)	0274T			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)	0627T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0628T			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	0629T			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)	0630T			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)	0784T			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)	0785T			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)	20930			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)	20931			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)	22207			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22208			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22210			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22214			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (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)	Bone and Joint (Orthopedics)	22511			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (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	

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)
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			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22845			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22846			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22847			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22853			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22854			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22856			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22857			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22858			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22859			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)	22860			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22861			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22862			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22867			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22868			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22869			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	22870			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	23000			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)	23020			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)	23120			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)	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			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 EviCore	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)	23460			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)	23462			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	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 (MSK)	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 (Orthopedics)	27134			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27137			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	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 & 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)
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27138			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27278			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27279			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27280			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)	27332			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27333			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)	27334			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27335			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27403			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27405			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)	27412			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27415			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27416			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27418			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27420			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Not Required	Not Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27422			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			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27425			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 EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27430			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)	27438			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27440			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27441			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)	27442			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	27443			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)	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 (MSK)	Bone and Joint (Orthopedics)	27487			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
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)	Bone and Joint (Orthopedics)	29826			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29827			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29828			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)	29860			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29861			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29862			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29863			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29866			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29867			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Miscellaneous & Unlisted Codes	29868			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)	Bone and Joint (Orthopedics)	29874			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29875			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29876			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)	29877			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29879			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)	29880			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29881			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	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 & 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)
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	29882			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)	29883			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)	29884			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)	29885			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)	29886			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)	29887			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)	29888			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (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/Medical (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/Medical (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/Medical (MSK)	Bone and Joint (Orthopedics)	62263			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62264			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62280			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62281			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62282			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62287			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62292			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)	62320			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62321			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62322			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)	62323			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)	62324			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)	62325			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)	62326			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)	62327			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)	62330			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)	62331			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)	62350			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)	62351			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)	62360			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	62361			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Nervous System (Neurology)	62362			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)	62367			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)	62368			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)	62380			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)	63001			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63005			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63012			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63015			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63017			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63030			Not Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63035			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63040			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63042			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63043			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63044			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63045			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63047			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63048			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63050			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63051			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63052			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63053			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63056			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63057			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63075			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)	63076			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63081			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63082			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63087			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63088			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63090			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	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 & 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)
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63091			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63102			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63103			Required through EviCore	Required	Required through EviCore	Required through EviCore	Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63650			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63655			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	63663			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)	63664			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)	63685			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)	64451			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	64479			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)	64483			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)	64490			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)	64493			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)	64510			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)	64520			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)	64624			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)	64625			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	64628			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)	64629			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (MSK)	Nervous System (Neurology)	64632			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)	64633			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)	64635			Required through EviCore	Not Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
EviCore/Medical (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/Medical (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/Medical (MSK)	Bone and Joint (Orthopedics)	C9757			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Required	Required	Required	
EviCore/Medical (MSK)	Bone and Joint (Orthopedics)	G0260			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)	M0076			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)	S2118			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)	S2348			Required through EviCore	Required	Required through EviCore	Required through EviCore	Not Required	Not Required	Not Required	Not Required	
Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.	N/A	Inpatient Admissions (except routine Maternity) to any facility including hospital, elective and direct admit, behavioral health, substance abuse, and hospital to hospital transfers.			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0006M			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0007M			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0012M			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0013M			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0016M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	0018M			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0020M			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0001U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0005U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0018U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0026U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0027U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0030U			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0034U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0035U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0036U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0037U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0045U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0047U			Not Required	Not Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0055U			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0060U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0070U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0071U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0072U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0073U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0074U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0075U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0076U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Laboratory	0080U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0087U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0088U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0089U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0090U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0092U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0101U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0102U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0103U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Transplants	0118U			Required	Required	Required	Required	Required	Required	Required	Not Required	
Medical	Genetic Testing	0129U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0130U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0133U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0134U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0136U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0137U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0138U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0153U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0154U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Genetic Testing	0157U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0160U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0161U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0162U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0171U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0172U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0173U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0175U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0179U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0209U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0211U			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0213U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0214U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0215U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0218U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0220U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0228U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0229U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0230U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0235U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0236U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0237U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0238U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0239U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0242U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0243U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0244U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0245U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0247U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0249U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0250U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0251U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0252U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0253U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0254U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0258U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0260U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0261U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0262U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0263U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0264U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0265U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0266U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0267U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0286U			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	0287U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0295U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0297U			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	0298U			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	0299U			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	0300U			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	0306U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0307U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0308U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0309U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0310U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0312U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0313U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0314U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0315U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0317U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0318U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0319U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0320U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0322U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0326U			Required	Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0329U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0334U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0335U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0336U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0337U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0338U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0339U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0340U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0341U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0343U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0344U			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0345U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0347U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0348U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0349U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0350U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0355U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0356U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0358U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0359U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0360U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0362U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0363U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0364U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0368U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0371U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0372U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0375U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0376U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0378U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0379U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0381U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0382U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0383U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0384U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0385U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0387U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0388U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0389U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0390U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0391U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0392U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0393U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0394U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0395U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0398U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0399U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0400U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0401U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0403U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0404U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0405U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0406U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0407U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0409U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0410U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0411U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0412U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Genetic Testing	0413U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0414U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0417U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0418U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0419U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0421U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0422U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0423U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0424U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0425U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0426U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0433U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0434U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0437U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0438U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0439U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0440U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0444U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0449U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0452U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0453U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0454U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0460U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0461U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0462U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0463U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0464U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0465U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0466U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0467U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0468U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0469U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0471U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0473U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0474U			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0475U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0476U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0477U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0478U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0479U			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0481U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0485U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0486U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0487U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0489U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0490U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0491U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0493U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0494U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0495U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0496U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0497U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0498U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0499U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0501U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0503U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0514U			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0515U			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0516U			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0517U			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0518U			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0519U			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0520U			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0523U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0530U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0532U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0533U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0534U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0536U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0537U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0538U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0539U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0540U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0542U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0543U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0549U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0552U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0553U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0554U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0555U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0558U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0562U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0567U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0568U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0569U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0571U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0572U			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Laboratory	0573U			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0575U			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Laboratory	0576U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	0578U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0582U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0583U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0586U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0591U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0592U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0596U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0597U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	0599U			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	0605U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0608U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0613U			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0668U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0679U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0686U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0688U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0689U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0691U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0693U			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0071T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0072T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0075T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0076T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthoedics)	0102T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0174T			Not Required	Not Required	Not Required	Not Required	Required	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 & 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	Radiology (Imaging) Services	0175T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0184T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0220T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	0221T			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	0232T			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0278T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0333T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0335T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0339T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Blood Disorder (Hematology)	0342T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0345T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0358T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	0379T			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	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	Miscellaneous & Unlisted Codes	0442T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0446T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0447T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Diabetes (Endocrinology)	0448T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0474T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0479T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	0480T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0483T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0484T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0525T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0544T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0545T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0569T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0570T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0582T			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	0584T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0585T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	0586T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular Stimulation and Electrical Shock Units	0587T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0594T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0596T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0597T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0600T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0601T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0607T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0608T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0615T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	0616U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0617U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0620T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	0630U			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0632T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0644T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0645T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0646T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0647T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0651T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0652T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0653T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0655T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0656T			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0657T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0672T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0673T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0686T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0687T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0688T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0692T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	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	

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	Heart and Blood Vessel (Cardiovascular)	0696T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	0704T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0707T			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0714T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	0719T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0738T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0739T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0740T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0741T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	0743T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0744T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0745T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0746T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0748T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0749T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0750T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0751T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0752T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0753T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0754T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0755T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0756T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0757T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0758T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0759T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0760T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0761T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0762T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	0763T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0765T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	0766T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	0767T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0770T			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Alternative Medicine	0771T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0772T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0773T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0774T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0776T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0777T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthooedics)	0778T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0779T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	0780T			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Alternative Medicine	0783T			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0786T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0788T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0789T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0790T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0793T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0794T			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)	0808T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0810T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0811T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0812T			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	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0817T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0827T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0828T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0830T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0831T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0832T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0833T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0834T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0835T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0836T			Required	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	Laboratory	0839T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0840T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0841T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0842T			Required	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	
Medical	Laboratory	0844T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0845T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0846T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0847T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0848T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Laboratory	0849T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0850T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0851T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0852T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0853T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	0854T			Required	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	0856T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0858T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0860T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0864T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0867T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0868T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0869T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0870T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0871T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0872T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0873T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0874T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0875T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0876T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0881T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0884T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0885T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0886T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	0888T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	0897T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	0898T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0908T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0911T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	0912T			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	0913T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	Digestive System (Gastroenterology)	0977T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	0988T			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	0999T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1000T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	1001T			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11920			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Not Required	Not Required	Not Required	PA is **Required** for all diagnosis codes **EXCEPT**: C56.1, C56.2, C79.61, C79.62, C48.1.,C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505
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	14000			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	PA is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
Medical	Reconstructive Surgery and/or Cosmetic Services	14301			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	PA is **Required** for all diagnosis codes **EXCEPT:** C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13

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	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)	PA is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
Medical	Reconstructive Surgery and/or Cosmetic Services	15770			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	PA is **Required** for all diagnosis codes **EXCEPT**: C56.1, C56.2, C79.61, C79.62, C48.1,.C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.3, C79.63, C79.81, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.14, C50A0, C50A1, C50A2, Z1505
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	PA is **Required** for All Diagnosis Codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	PA is **Required** for All Diagnosis Codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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	
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	

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	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	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	Not Required	Not Required	Required	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	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 is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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 is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
Medical	Reconstructive Surgery and/or Cosmetic Services	19328			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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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 is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13

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	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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
Medical	Reconstructive Surgery and/or Cosmetic Services	19355			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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 is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C48.1, C50.019, C50.011, C50.012, C50.021, C50.022, C50.029, C50.111, C50.112, C50.119, C50.121, C50.122, C50.129, C50.211, C50.212, C50.219, C50.221, C50.222, C50.229, C50.311, C50.312, C50.319, C50.321, C50.322, C50.329, C50.411, C50.412, C50.419, C50.421, C50.422, C50.429, C50.511, C50.512, C50.519, C50.522, C50.529, C50.611, C50.612, C50.619, C50.621, C50.622, C50.629, C50.811, C50.812, C50.819, C50.821, C50.822, C50.829, C50.911, C50.912, C50.919, C50.921, C50.922, C50.929, C50.A0, C50.A1, C50.A2, C50.521, C56.1, C56.2, C56.3, C79.60, C79.61, C79.81, C79.62, C79.63, C84.7A, D05.00, D05.01, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z15.01, Z15.02, Z15.05, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13
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 is **Required** for all diagnosis codes **EXCEPT**: C48.1, C50.011, C50.012, C50.019, C50.111, C50.112, C50.119, C50.211, C50.212, C50.219, C50.311, C50.312, C50.319, C50.411, C50.412, C50.419, C50.511, C50.512, C50.519, C50.611, C50.612, C50.619, C50.811, C50.812, C50.819, C50.911, C50.912, C50.919, C56.1, C56.2, C56.3, C79.61, C79.62, C79.63, C79.81, C84.7A, D05.00,D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, D05.02, D05.10, D05.11, D05.12, D05.80, D05.81, D05.82, D05.90, D05.91, D05.92, D24.1, D24.2, D24.9, D49.3, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505
Medical	Cancer Treatment (Oncology)	20982			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	20983			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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			Not Required	Not Required	Not Required	Not Required	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	
Medical	Reconstructive Surgery and/or Cosmetic Services	21145			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21146			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21147			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Sleep Medicine	21150			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Sleep Medicine	21151			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	21154			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	21155			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21172			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21175			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21179			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial 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	21180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21182			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21183			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21184			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21188			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21193			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21194			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21195			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21196			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	21198			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21199			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21206			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21208			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	21240			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21242			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	21243			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	21244			Not Required	Not Required	Required	Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21245			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21246			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21247			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21270			Not Required	Not Required	Not Required	Not Required	Not 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	
Medical	Reconstructive Surgery 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	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 and/or Cosmetic Services	21740			Required	Required	Required	Required	Not Required	Not Required	Not Required	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 and/or Cosmetic Services	21743			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not 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	Not Required	
Medical	Bone and Joint (Orthopedics)	22532			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22548			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not 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 (Orthopedics)	22818			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22836			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22837			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22838			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22849			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	22850			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22852			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22855			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	22899			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	25447			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27437			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	29800			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Bone and Joint (Orthopedics)	29804			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30117			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30120			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30400			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30410			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30420			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30430			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30435			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30450			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30462			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30468			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30469			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30801			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30802			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30999			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31242			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31243			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31295			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31296			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31297			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	32664			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32851			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32853			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants	32854			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33202			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33258			Not Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33265			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33269			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33285			Required	Required	Required	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 (Cardiovascular)	33365			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33366			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33367			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33368			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33418			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33419			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	33933			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	33935			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Transplants	33944			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	33945			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33975			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33976			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33979			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33990			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33991			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33992			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33993			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Heart and Blood Vessel (Cardiovascular)	33995			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33999			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34703			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34705			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34841			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34843			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34844			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34846			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34847			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Endovascular Grafts for Abdominal Aortic & Thoracic Aneurysms	34848			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36466			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36470			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36471			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36475			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36476			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36478			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36479			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36482			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	36483			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	36522			Not 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	Not 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	
Medical	Reconstructive Surgery 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	
Medical	Reconstructive Surgery and/or Cosmetic Services	37722			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37761			Not Required	Not Required	Not Required	Not Required	Not Required	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 and/or Cosmetic Services	37766			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	37780			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	Erectile Dysfunction	37790			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	38205			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38206			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	38210			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38211			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	38230			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38232			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38240			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	38241			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	38242			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	41512			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	42145			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	42835			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Digestive System (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	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43210			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43236			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43284			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	43290			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43291			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43497			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43647			Required	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 & 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	Digestive System (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 (Gastroenterology)	43770			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43772			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43774			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43775			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43842			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43845			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43846			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (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)	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 (Gastroenterology)	43886			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43887			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43889			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43999			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	44133			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	44135			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	44136			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	47000			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is **Required** for the following diagnosis codes: 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	Digestive System (Gastroenterology)	47001			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is **Required** for the following diagnosis codes: 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	Digestive System (Gastroenterology)	47100			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is **Required** for the following diagnosis codes: 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	Transplants	47135			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	47370			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	47371			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	47379			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for the following diagnosis codes: 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	Cancer Treatment (Oncology)	47381			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Cancer Treatment (Oncology)	47382			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	48160			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Transplants	48554			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	50320			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	50360			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Transplants	50365			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Transplants	50370			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transplants	50380			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50592			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	50593			Required	Required	Required	Required	Not Required	Not Required	Required	Not Required	
Medical	Urinary System(Genitourinary)	51715			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52284			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	52441			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52597			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53854			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	53865			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	53866			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Erectile Dysfunction	54220			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54231			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54235			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54240			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54250			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54400			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54401			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54405			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54406			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54408			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54410			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54411			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54415			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54416			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Urinary System(Genitourinary)	54440			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	54680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	55870			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	55873			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55877			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	55880			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55970			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Gender Affirmation	55980			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56620			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Gender Affirmation	56805			Not Required	Not Required	Not Required	Not Required	Required	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 & 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	Womens Health (Obstetrics and Gynecology)	S8150			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8152			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8180			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8260			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8262			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8263			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8270			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8280			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8285			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8290			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8291			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8292			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8294			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8541			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8542			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8543			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C51.8, C51.9, C52.0, C53.0, C53.1, C53.8, C53.9, C54.0, C54.1, C54.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z1505, Z8044, Z854A, Z8600A
Medical	Womens Health (Obstetrics and Gynecology)	S8544			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C45.9, C51.0, C51.1, C51.2, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8550			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C45.9, C51.0, C51.1, C51.2, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8552			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8553			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**: C45.9, C51.0, C51.1, C51.2, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8554			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8570			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8571			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
Medical	Womens Health (Obstetrics and Gynecology)	S8572			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, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A

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	Womens Health (Obstetrics and Gynecology)	58573			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is **Required** for All diagnosis codes **EXCEPT**- C45.9, C51.0, C51.1, C51.2, C51.8, C51.9, C52, 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, C56.3, C56.9, C57.00, C57.01, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.61, C79.62, C79.63, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.04, Z15.05, Z80.44, Z85.4A, Z86.00A
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	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	Not Required	Required	
Medical	Nervous System (Neurology)	61630			Not Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61715			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	61736			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61863			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	61867			Not Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61868			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Not Required	
Medical	Nervous System (Neurology)	61885			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	61886			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63003			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63016			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63020			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63046			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63055			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63064			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63077			Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63101			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63200			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63251			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63252			Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	63304			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63305			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63306			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	63307			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
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			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64555			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64561			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	64567			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64568			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	64581			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	64582			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Nervous System (Neurology)	64590			Required	Required	Required	Required	Not Required	Required	Required	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	Not Required	Not Required	Not Required	PA is **Required** for the following diagnosis codes: M17.10, M17.11, M17.2, M17.12, M17.30, M17.31, M17.32, M17.4, M17.5, M17.9, M25.561, M25.562, M25.569
Medical	Reconstructive Surgery and/or Cosmetic Services	64822			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	64999			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is **Required** for the following diagnosis codes: G40.001, G40.009, G40.011, G40.019, G40.101, G40.109, G40.111, G40.119, G40.201, G40.209, G40.211, G40.219, G40.301, G40.309, G40.311, G40.319, G40.A01, G40.A09, G40.A11, G40.A19, G40.801, G40.809, G40.811, G40.819, G40.401, G40.409, G40.411, G40.419, G40.501, G40.509, G40.801, G40.802, G40.803, G40.804, G40.811, G40.812, G40.813, G40.814, G40.821, G40.822, G40.823, G40.824, G40.833, G40.834, G40.841, G40.842, G40.843, G40.844, G40.89, G40.901, G40.909, G40.911, G40.919, G93.45, M17.0, M17.2, M17.4, M17.5, M17.9, M17.10, M17.11, M17.12, M17.30, M17.31, M17.32, M25.561, M25.562, M25.569
Medical	Eyes (Ophthalmology)	66179			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66180			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	66183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	67715			Not Required	Not Required	Not Required	Not Required	Not 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	

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	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	67999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
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 (Otorhinolaryngology)	69706			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69714			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69717			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69719			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69730			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	69799			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	76497			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81120			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81121			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81162			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81163			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81164			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81165			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81166			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81167			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81171			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81172			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81175			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81177			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81178			Required	Required	Required	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	
Medical	Genetic Testing	81180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81181			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81182			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81184			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81185			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81186			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81187			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81188			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81190			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81191			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81192			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81193			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81194			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81200			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81202			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81203			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81204			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81205			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81208			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81209			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81210			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81212			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81215			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81216			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	81217			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81223			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81224			Not Required	Not Required	Required	Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81225			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81226			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81227			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81228			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81229			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81230			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81231			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81233			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81234			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81235			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81238			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81243			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81244			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81250			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81251			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81252			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81253			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81254			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81255			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81258			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81259			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81260			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81261			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81263			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81264			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81265			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81266			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	81267			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	81268			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81269			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81272			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81273			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81275			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81276			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81277			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81284			Required	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	Genetic Testing	81286			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81287			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81288			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81289			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81290			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81292			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81293			Required	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 & 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	Genetic Testing	81294			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81295			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81296			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81297			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81299			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81300			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81301			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81302			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81303			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81304			Required	Required	Required	Required	Not Required	Required	Not Required	Required	
Medical	Genetic Testing	81305			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81306			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81307			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81308			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81309			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81310			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81311			Required	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	Genetic Testing	81313			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81314			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	81315			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81317			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81318			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81319			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81320			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81321			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81322			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81323			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81324			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81325			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81326			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	81327			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81330			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81332			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81335			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81336			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81337			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81349			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	81351			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81352			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81353			Required	Required	Not 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	Laboratory	81401			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81402			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Genetic Testing	81403			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81404			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	81405			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81406			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81407			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81408			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81410			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81411			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81412			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81413			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81414			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81415			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	81416			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	81417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81418			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81419			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81422			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81425			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81426			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81427			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81432			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81434			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81435			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81439			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81440			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81441			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81442			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81443			Required	Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81445			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81448			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81449			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	81450			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81451			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81455			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81456			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Genetic Testing	81457			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81458			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81459			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81460			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81462			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81463			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81464			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81465			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81470			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81471			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81479			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	81490			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81518			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81519			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81520			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81521			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81522			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81523			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	81529			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Laboratory	81539			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	81540			Required	Required	Required	Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81541			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81542			Required	Required	Not Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81546			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81551			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81552			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	81554			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	81595			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	81599			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Genetic Testing	83884			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	84433			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Laboratory	86152			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Laboratory	86153			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Laboratory	88120			Required	Required	Required	Required	Not Required	Not Required	Required	Not Required	
Medical	Laboratory	88121			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Womens Health (Obstetrics and Gynecology)	89251			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Womens Health (Obstetrics and Gynecology)	89253			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Genetic Testing	89290			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	89291			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Digestive System (Gastroenterology)	91111			Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	91113			Not Required	Required	Not Required	Not Required	Not Required	Not 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	Therapy and Rehabilitation	92507			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Therapy and Rehabilitation	92508			Required	Required	Not Required	Not Required	Not Required	Required	Required	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	Miscellaneous & Unlisted Codes	92972			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93228			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93229			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	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 (Cardiovascular)	93454			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93458			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93459			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	93702			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	93980			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	93981			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95782			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95783			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95803			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Sleep Medicine	95805			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Sleep Medicine	95807			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95808			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95810			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	95811			Required	Required	Not Required	Not Required	Required	Required	Required	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	Skin (Dermatology)	97607			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	97608			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	A0140			Not Required	Not Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	A0426			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2001			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2002			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2004			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2005			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2007			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	A2008			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2009			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2010			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2011			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2012			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2013			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2014			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2015			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2016			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2017			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2018			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2019			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2020			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2026			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2027			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2028			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2029			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2030			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2031			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2032			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2033			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2034			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2035			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2036			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2038			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2039			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	A4238			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A6512			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	A9156			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	A9268			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	A9269			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	A9697			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1767			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1783			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	C1821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1826			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C2614			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	C2624			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	C2622			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9354			Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	C9356			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial 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	Sleep Medicine	C9727			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	C9734			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	C9785			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	C9817			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System (Genitourinary)	E0201			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	E0470			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0471			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Sleep Medicine	E0601			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Durable Medical Equipment	E0769			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	E1399			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	E3000			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	G0276			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	G0277			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	G0299			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	G0300			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Transplants	G0341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0342			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	G0343			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	G0428			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Sleep Medicine	G0429			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	G0460			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	J0270			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2440			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	J2760			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	J7330			Not Required	Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0898			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Durable Medical Equipment	K0899			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L1499			Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	L2006			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	L2999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L3999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	L8499			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	L8604			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	L8605			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Eyes (Ophthalmology)	L8612			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	M0075			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q2026			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4101			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4108			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4111			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4112			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4113			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4114			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4115			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4116			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4118			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4122			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4123			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4125			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4126			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4127			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4128			Not Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4130			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4133			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4134			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4135			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4136			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4137			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4140			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4141			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4142			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4143			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4145			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4146			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4147			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4148			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4149			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4150			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4152			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4153			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4154			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4155			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4156			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4157			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4158			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4159			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4160			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4161			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4162			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4163			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4164			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4165			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4166			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4167			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4169			Required	Required	Required	Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4170			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4171			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4173			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4174			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4175			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4176			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4177			Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4178			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4179			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4180			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4181			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4182			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4183			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4184			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4185			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4186			Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	

Is the code BH, DME, eviCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Skin (Dermatology)	Q4188			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4189			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4190			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4191			Required	Required	Required	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	Skin (Dermatology)	Q4193			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4194			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4195			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4196			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4197			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4198			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4199			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	Q4200			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4201			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4212			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4217			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4224			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Skin (Dermatology)	Q4225			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4229			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4230			Required	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	Skin (Dermatology)	Q4233			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4234			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4235			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4236			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4237			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4238			Required	Required	Required	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	Skin (Dermatology)	Q4240			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4241			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4242			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4245			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4246			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4247			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4248			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4249			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4250			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4251			Required	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	Skin (Dermatology)	Q4253			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4254			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4255			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4256			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4257			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4258			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4259			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4260			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4261			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4262			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4263			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4264			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4265			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4266			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4267			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4268			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4269			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4270			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4271			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4272			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4273			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4274			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4275			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4276			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4278			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4279			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4280			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4281			Required	Required	Required	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	Skin (Dermatology)	Q4283			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4284			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4285			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4286			Required	Required	Required	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	Skin (Dermatology)	Q4288			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4289			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4290			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4291			Required	Required	Required	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	Skin (Dermatology)	Q4293			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4294			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4295			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4296			Required	Required	Required	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	Skin (Dermatology)	Q4298			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4299			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4300			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4301			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4302			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4303			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4304			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4305			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4306			Required	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	
Medical	Skin (Dermatology)	Q4308			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4309			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4310			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4311			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4312			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4313			Required	Required	Required	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	Skin (Dermatology)	Q4315			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4316			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4317			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4318			Required	Required	Required	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	Skin (Dermatology)	Q4320			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4321			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4322			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4323			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4324			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4325			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4326			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4327			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4331			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4332			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4334			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4335			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4336			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4337			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4338			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4339			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4340			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4341			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4342			Required	Required	Not Required	Not Required	Required	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 & 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	Skin (Dermatology)	Q4343			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4344			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4345			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	Q4346			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4347			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4348			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4349			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4350			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4351			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4352			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4353			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4354			Required	Required	Required	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	Skin (Dermatology)	Q4356			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4357			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4358			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4359			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4360			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4361			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4362			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4363			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4364			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4365			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4366			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4367			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4368			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4369			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4370			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4371			Required	Required	Required	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	Skin (Dermatology)	Q4373			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4375			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4376			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4377			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4378			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4379			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4380			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4382			Required	Required	Required	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	Skin (Dermatology)	Q4384			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4385			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4386			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4387			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4388			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4389			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4390			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4391			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4392			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4393			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4394			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4395			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4396			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	Q4397			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S1091			Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2053			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2054			Not Required	Not Required	Not Required	Required	Required	Required	Required	Required	
Medical	Transplants	S2065			Not Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Genetic Testing	S3841			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3844			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3846			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3849			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3850			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3852			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3853			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3854			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Genetic Testing	S3861			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Genetic Testing	S3866			Not Required	Not Required	Not Required	Not Required	Required	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	Home Care & Home Infusion Nursing Visits	S5130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Radiology (Imaging) Services	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9124			Not Required	Not 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	Therapy and Rehabilitation	S9128	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9128	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	None		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	780		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9129	789		Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S9131			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	S9960			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	

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	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2024			Not Required	Not 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 (Aqes 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (**Only** for Moving Assistance/Community transition, for HCBS or CFCO program)	Required (**Only** required for Moving Assistance/Community transition, for CFCO program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2787			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2788			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2799			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0650		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0651		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0652		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0655		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0656		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0657		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Hospice Services	NONE	0659		Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Neonatal Intensive Care	NONE	0172		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0173		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0174		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	
Medical	Neonatal Intensive Care	NONE	0179		Notification Required	Notification Required	Not Required	Not Required	Notification Required	Notification Required	Notification Required	Notification Required	