

February 1, 2026

**UTILIZATION MANAGEMENT STANDARD  
CLINICAL REVIEW PREAUTHORIZATION LIST**

The following services require clinical review preauthorization for:  
Commercial products, Essential Plan, Medicare, Dual Eligible Special Needs Plan (HMO, D-SNP), and Managed Safety Net Products.  
Please review the column that applies to the member's specific health benefit program regardless of place of service.

*Code Changes Are Highlighted In Grey*

**IMPORTANT**

This list represents those services that require preauthorization with a clinical medical necessity review.  
It is **NOT** inclusive of all insurance products and procedures requiring preauthorization.  
There may be services which require preauthorization / notification that do not require clinical review.  
Please verify specific coverage requirements before rendering service.  
These services require preauthorization regardless of place of service.

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

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

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

**CareCentrix**

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

**EvCore:**

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

Internet Request: <https://provider.excellusbcbs.com/authorizations/medical/evcore-healthcare>

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

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

[illegible]

[illegible]

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DME	Durable Medical Equipment	A4593			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A4594			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A6501			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	A6503			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	A6507			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Skin (Dermatology)	A9272			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9274			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Diabetes (Endocrinology)	A9276			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9277			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	A9278			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
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	Food (Nutrition)	B9004			Not Required	Not Required	Not Required	Not Required	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	
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	Not Required	Not 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	

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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	E0730			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	E0732			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0733			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	E0734			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	
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	Diabetes (Endocrinology)	E0784			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	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	

























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DME	Durable Medical Equipment	L7040			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7045			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7170			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7180			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7181			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7185			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7186			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7190			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7191			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7404			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L7405			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
DME	Miscellaneous & Unlisted Codes	L7406			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	L7499			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Durable Medical Equipment	L5000			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Durable Medical Equipment	L5848			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Urinary System(Genitourinary)	L7900			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Erectile Dysfunction	L7902			Not Required	Not Required	Required	Required	Not Required	Not Required	Required	Required	
DME	Reconstructive Surgery and/or Cosmetic Services	L8600			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, D24.3, D49.3, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, CS04G, CS04A, CS04Z & Z1595
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8615			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8619			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8627			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Ears and Nose and Throat (Otorhinolaryngology)	L8628			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8692			Required	Required	Required	Required	Required	Required	Required	Required	
DME	Bone and Joint (Orthopedics)	L8693			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8701			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Bone and Joint (Orthopedics)	L8702			Required	Required	Required	Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1030			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1031			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1035			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1036			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Diabetes (Endocrinology)	S1037			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Childrens Health (Pediatric)	S1040			Required	Required	Not Required	Required	Required	Not Required	Required	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	Food (Nutrition)	S9433			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4521			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4522			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4523			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4524			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4525			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4526			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4527			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4528			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4529			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4530			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4531			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4532			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4533			Required	Required	Not Required	Not Required	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			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4536			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
DME	Durable Medical Equipment	T4537			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	







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Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	Experimental and Investigational Procedures/ Services	0872T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0873T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0874T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	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	Experimental and Investigational Procedures/ Services	0884T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0885T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	0886T			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	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	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	#N/A	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 <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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	11950			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11951			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11952			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	11954			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	13100			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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	13101			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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	13120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13121			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13122			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13131			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13132			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	13133			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	

Is the code BH, DME, eVisa, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HMO EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (If applicable)
Medical	Reconstructive Surgery and/or Cosmetic Services	13151			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	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)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	14001			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	14301			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, C50A0, C50A1, C50A2, Z1505
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 <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	15738			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42.1, D80.3, D85.3, D90.10, D90.11, D90.12, D90.14, C50A0, C50A1, C50A2, Z1505
Medical	Reconstructive Surgery and/or Cosmetic Services	15740			Not Required	Not Required	Not Required	Not Required	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is <b>Required</b> for all diagnosis codes <b>EXCEPT</b> : 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, D15.01, D15.02, D40.01, D40.02, D40.03, D42

Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	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	
Medical	Reconstructive Surgery and/or Cosmetic Services	15835			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15836			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15837			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15838			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15839			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15840			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15842			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15845			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	15847			Required	Required	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	Cancer Treatment (Oncology)	19105			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	19300			Required	Required	Not Required	Not Required	Required	Required	Required	Required	

Is the code BH, DME, eVisa, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & HNT EPO)	Commercial Self Funded (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505.
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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505.
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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505.
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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505.
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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.11, Z90.12, Z90.13, C50A0, C50A1, C50A2 & Z1505.
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 <b>Required</b> for All diagnosis codes <b>EXCEPT</b> : 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, Z15.01, Z15.02, Z40.01, Z40.02, Z40.03, Z42.1, Z80.3, Z85.3, Z90.10, Z90.1

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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	Required	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			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21151			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21154			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Sleep Medicine	21155			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21159			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21160			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	
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	Required	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			Required	Required	Required	Required	Required	Required	Required	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	Required	Required	
Medical	Bone and Joint (Orthopedics)	21209			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21210			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21215			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21230			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21235			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	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			Required	Required	Required	Required	Required	Required	Required	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	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21248			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21249			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21255			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	21256			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	





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Medical	Bone and Joint (Orthopedics)	27702			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Bone and Joint (Orthopedics)	27703			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	28890			Required	Required	Not Required	Not Required	Not Required	Required	Not Required	Required	
Medical	Bone and Joint (Orthopedics)	29800			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	30460			Not Required	Not Required	Not Required	Not 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	Reconstructive Surgery and/or Cosmetic Services	30465			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30468			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	30469			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30520			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	30630			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30801			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	30802			Required	Required	Not Required	Not Required	Required	Required	Required	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	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31297			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	31298			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Lungs (Respiratory)	31626			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	32664			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32850			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	
Medical	Transplants	32851			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32852			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32853			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	32854			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (Oncology)	32998			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33202			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33203			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33254			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33255			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33258			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33265			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33266			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Heart and Blood Vessel (Cardiovascular)	33269			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Miscellaneous & Unlisted Codes	33276			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	





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Medical	Digestive System (Gastroenterology)	43291			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	43497			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43644			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43645			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43647			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43648			Required	Required	Not Required	Not Required	Not Required	Not 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)	43771			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43772			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43773			Required	Required	Not Required	Not Required	Not 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)	43843			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)	43860			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43865			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43881			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	43882			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (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)	43888			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	#N/A	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)	46707			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	46999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (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 <b>Required</b> 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 <b>Required</b> 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 <b>Required</b> for the following diagnosis codes: E66.01, E66.2, Z68.35, Z68.36, Z68.37

Is the code BH, DME, eVice, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Code (Commercial Products, but not limited to: HMO, PPO, EPO, POS & MNV EPO)	Commercial Code (Commercial Products, but not limited to: HMO, PPO, EPO & POS)	Medicare	HMO D-SNP	Safety Net Child Health Plus	Safety Net Essential Plan	Safety Net Managed Medicaid	Safety Net Health and Recovery Program	Diagnosis Requirements (if applicable)
Medical	Urinary System(Genitourinary)	51715			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	52284			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Urinary System(Genitourinary)	52441			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Urinary System(Genitourinary)	52442			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	#N/A	52443			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	#N/A	52597			Required	Required	Required	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			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54401			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54405			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54406			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54408			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54410			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54411			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54415			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54416			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Erectile Dysfunction	54417			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transplants	54680			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Erectile Dysfunction	55870			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Cancer Treatment (OncoRx)	55873			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	#N/A	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	Not Required	Required	Required	Required	
Medical	Reconstructive Surgery and/or Cosmetic Services	56625			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Gender Affirmation	56805			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Womens Health (Obstetrics and Gynecology)	58150			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	PA is Required for All diagnosis codes EXCEPT: C45.9, C51.0, C51.1, C51.2, C56.3, C79.63, C81.8, C51.9, C52.0, C53.0, C33.1, C33.8, C33.9, C54.0, C41.1, C42.2, C54.3, C54.8, C54.9, C55, C56.1, C56.2, C56.9, C57.00, C57.01, C57.02, C57.10, C57.11, C57.12, C57.20, C57.21, C57.22, C57.3, C57.4, C57.7, C57.8, C57.9, C58, C76.2, C76.3, C77.2, C77.5, C79.60, C79.62, C79.61, C79.82, C79.89, C79.9, C80.0, C80.1, D06.0, D06.1, D06.7, D06.9, D07.0, D07.1, D07.2, D07.30, D07.39, Z15.05, Z80.

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[illegible]









Is the code BH, DME, evCore, or Medical?	Category	Procedure Code	Revenue Code	Rate Code	Commercial Fully Insured (Commercial Products, but not limited to: HMO, PPO, EPO, POS & 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	81539			Required	Required	Required	Required	Not Required	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	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	86152			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	
Medical	Digestive System (Gastroenterology)	91110			Required	Required	Required	Not Required	Required	Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91111			Required	Required	Required	Required	Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91112			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Digestive System (Gastroenterology)	91113			Required	Required	Not Required	Not Required	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)	92517			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92518			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	92519			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	92526			Required	Required	Required	Required	Not Required	Required	Required	Required	
Medical	Experimental and Investigational Procedures/ Services	92972			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93150			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93151			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93153			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	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)	93264			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	93452			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	
Medical	Heart and Blood Vessel (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	Heart and Blood Vessel (Cardiovascular)	93462			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	
Medical	Miscellaneous & Unlisted Codes	93702			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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	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	Not Required	Not Required	Required	Required	
Medical	Sleep Medicine	95811			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Nervous System (Neurology)	95939			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96116			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96121			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96132			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96133			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96136			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96137			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Behavioral Health (Psychology)	96138			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	96139			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96572			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	96574			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	97605			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Skin (Dermatology)	97607			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	97608			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Therapy and Rehabilitation	97799			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	A0080			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transportation	A0090			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Transportation	A0140			Not Required	Not Required	Required	Required	Required	Required	Required	Required	
Medical	Transportation	A0180			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	

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Medical	Transportation	A0190			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	A0210			Not Required	Not Required	Not Required	Required	Not 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	Not Required	Not 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	Required	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	Required	Required	
Medical	Skin (Dermatology)	A2020			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Skin (Dermatology)	A2021			Required	Required	Required	Required	Required	Required	Required	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	Required	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			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Skin (Dermatology)	A2037			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	Required	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	Experimental and Investigational Procedures/ Services	A9268			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Experimental and Investigational Procedures/ Services	A9269			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	A9292			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Radiology (Imaging) Services	A9697			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Durable Medical Equipment	A9900			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Durable Medical Equipment	A9999			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Food (Nutrition)	B4105			Required	Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Food (Nutrition)	B9999			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1767			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	C1783			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Female Dysfunction	C1813			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Nervous System (Neurology)	C1820			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1821			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Nervous System (Neurology)	C1822			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Neuromuscular												
Medical	Stimulation and Electrical Shock Units	C1825			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1826			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	C1827			Required	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	Urinary System(Genitourinary)	C2618			Required (By Diagnosis - see last column)	Required (By Diagnosis - see last column)	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	PA is <b>Required</b> for the following diagnosis codes: C61, C79.82, D07.5, Z85.46
Medical	Heart and Blood Vessel (Cardiovascular)	C2624			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Female 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	
Medical	Skin (Dermatology)	C9363			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	Required	Not Required	Required	
Medical	Digestive System (Gastroenterology)	C9784			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9785			Required	Required	Not Required	Not Required	Not Required	Required	Required	Required	
Medical	Clinical Trials *	C9792			Not Required	Not Required	Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Digestive System (Gastroenterology)	C9796			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
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	Not 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	Nervous System (Neurology)	G0255			Not Required	Not Required	Not Required	Not Required	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	









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Medical	Transplants	S2065			Required	Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transplants	S2102			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Blood Disorder (Hematology)	S2120			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2142			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2159			Required	Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transplants	S2152			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Ears and Nose and Throat (Otorhinolaryngology)	S2235			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Bone and Joint (Orthopedics)	S2300			Not Required	Not 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	S3851			Required	Required	Required	Required	Required	Required	Required	Required	
Medical	Genetic Testing	S3865			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not 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	Not Required	Not Required	Not Required	Required	Required	
Medical	Therapy and Rehabilitation	S5105			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5130			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S5165			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S5199			Not Required	Not Required	Not Required	Required	Required	Not Required	Required	Required	
Medical	Radiology (Imaging) Services	S8080			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Heart and Blood Vessel (Cardiovascular)	S9025			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Skin (Dermatology)	S9055			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9097			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9122			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9123			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9124			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	S9125			Not Required	Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	S9126			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	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	Therapy and Rehabilitation	S9152			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	S9960			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Transportation	S9961			Required	Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Home Care & Home Infusion Nursing Visits	T1000			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	None		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	780		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1001	789		Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1002			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1003			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1004			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1019			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1020			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1021			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1030			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T1031			Not Required	Not Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Durable Medical Equipment	T1999			Not Required	Not Required	Not Required	Not Required	Required	Required	Required	Required	
Medical	Transportation	T2001			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	Not Required	
Medical	Transportation	T2004			Not Required	Not Required	Not Required	Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2005			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Transportation	T2007			Required	Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2028			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required (Ages 22 & older)	Not Required	
Medical	Durable Medical Equipment	T2029			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	Required	
Medical	Home Care & Home Infusion Nursing Visits	T2038			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required (Only for Moving Assistance/Community transition, for HCBS or CFCD program)	Required (Only required for Moving Assistance/Community transition, for CFCD program)	
Medical	Home Care & Home Infusion Nursing Visits	T2039			Not Required	Not Required	Not Required	Required	Required	Not Required	Required (Ages 22 & older)	Required	

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Medical	Durable Medical Equipment	T5999			Required	Required	Not Required	Not Required	Required	Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2199			Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required	Required	
Medical	Eyes (Ophthalmology)	V2299			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2399			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Not Required	Not Required	
Medical	Eyes (Ophthalmology)	V2499			Not Required	Not Required	Not Required	Not Required	Required	Not Required	Required	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	